Today
The magazine of the Medical College of Georgia
Spring 2005
Volume 32 Number 4

Getting Down to Business

Center Merges Corporate, Research Worlds

Rising to the Challenge
A jeep wreck brings out the best in medical missionaries.

CSI: Kentucky
An MCG education launches the career of a forensic anthropologist

From the Presidents

When I think about the most important characteristics of an academic health center, "responsive" is at the top of my list.- As a health sciences university and medical center, we must be responsive to the needs of our students, our patients and the many other constituencies who turn to the Medical College of Georgia and the MCG Health System for services and for support.

It's great when we anticipate a need and proactively develop a program or initiate a service. That's what we did by opening the Lake Oconee facility near Madison, Ga. We anticipated (and are meeting) the need for expanded primary and specialty care in Greene County. But whether we anticipate the need or not, we must always be prepared to respond.

Two recent tragedies, one international and one local, highlight the importance of functioning as a highly responsive organization: the tsunami that ravaged parts of Asia and East Africa and, closer to home, the wreck of a freight train in Graniteville, S.C., that resulted in a deadly chlorine gas leak.

As a modern academic health center, we are functioning within a broad framework of responsibility – one that includes devastating disasters like these, acts of bioterrorism and other events that result in mass casualties. As a health system, we must be ready at all times to respond; and as a health sciences university, we must educate and train health professional who are prepared to respond.

This commitment is the driving force behind proactive institutional efforts such as curriculum revision, growth and reduction of class sizes, the exploration of emerging areas of research and the development of new clinical services. I've often said to my leadership team that we've got to keep our eye on the ball. We've got to keep our eye on the horizon as well.

Enjoy this issue of *MCG Today*. Please let us know how this publication can be more responsive to your needs.

Sincerely,

Daniel W. Rahn M.D.

DANIEL W. RAHN, M.D.
President, Medical College of Georgia

Two recent tragedies took place half a world apart, one in Southeast Asia and along the coast of Africa and the other in Graniteville, S.C. Although they were so far apart, they have an important common denominator. Both tragedies helped remind humanitarian workers – relief agencies, health care providers and others dedicated to improving the welfare of mankind – of their public service missions.

Those of us who work in health care, whether as patient caregivers or as administrators, chose this profession because we have the desire and compassion to help others. I can't think of a nobler calling.

I'd like to highlight our response to the tragedy that occurred closer to home.

In January, we were put to the test as our adult and children's hospitals received approximately 80 victims of the chlorine spill in Graniteville. We rose to the occasion. Our employees stepped forward and demonstrated true heroism. Many of them came in early and stayed late. Some even gave up their leisure time to assist. Equally important, our emergency processes and procedures proved to be strong.

Thomas J. Watson Sr., the first president of IBM, once said, "Within us all there are wells of thought and dynamos of energy that are not suspected until emergencies arise. Then, oftentimes, we find that it is comparatively simple to double or treble our former capacities and to amaze ourselves by the results achieved."

I am proud that when emergencies like the chlorine spill happen, we have the capacity and the compassion to respond and exercise our public service missions. You should be, too.

Sincerely,

Don Snell

DON SNELL
President and Chief Executive Officer
MCG Health, Inc.

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NEWS BRIEFS

Billion-Dollar Impact

The Medical College of Georgia and MCG Health System have an annual economic impact of more than $1.6 billion on the Augusta area, according to recent reports from the University System of Georgia and the Georgia Hospital Association.

MCG added more than $801 million to the Augusta-area economy in fiscal 2004, according to a study conducted by the University of Georgia's Selig Center for Economic Growth in the Terry College of Business. A Georgia Hospital Association report showed MCG Health System contributed an additional $843 million to state and local economies in 2002.

The university system report showed the 34 public colleges and universities of the University System of Georgia had a $9.7 billion impact on the state in fiscal 2004, including $6.4 billion in initial spending by institutions and their students. The remaining $3.3 billion is the multiplier effect of the dollars as they are re-spent in the region.

MCG's initial spending in fiscal 2004 was $476 million; approximately 25 percent of the budget comes from direct state appropriations. Extramural grant and contract support for research, education and service totaled $222.5 million, including a record $76.6 million in research funding.

A complete copy of the report can be found at http://www.icapp.org/pubs/impact.

Dan Blanton (left) presents a check to MCG administrators as members of the Dunstan and Cundey families look on.

In Loving Memory

The family of slain MCG Health System pediatric oncology nurse Tamara Cundey Dunstan has established a more than $100,000 endowment fund to honor her memory and provide for patients and families in the pediatric oncology/surgery unit at the Children's Medical Center.

"The fund ensures ongoing support for the special needs of our pediatric patients and their families," said MCG Health, Inc. President and CEO Don Snell. "I can't think of a more fitting way to honor the memory of this young woman who dedicated her life to caring for children with cancer."

The fund will provide meals for the patients and their families, especially those who have traveled far from home for Children's Medical Center treatment; toys, games and other recreational items to help make a child's hospital stay more pleasant; support for Camp Rainbow, a free annual summer camp for children with cancer or a rare blood disease; and furnishings for the pediatric oncology/surgery unit.

"The families of Tamara Cundey Dunstan extend our deepest thanks to all the very special people who have made this day possible and this worthy cause such a success. Words cannot express the comfort these good deeds have brought to our families during these most difficult times," said Bernard Dunstan, Tamara's husband, in announcing the endowment. "This fund will serve as Tamara's avenue to reach down and continue to touch the hearts of the patients and their families. We also thank you, Tamara, for awakening in so many people the loving, caring and giving qualities that were so much a part of your life."

Lake Oconee Clinic

MCG Medical Associates, an 8,000-square-foot ambulatory clinic in Lake Oconee Village, has opened. Drs. James Tippett and Michael Roberts, board-certified MCG graduates who each have more than 25 years of experience in private practice, anchor the clinical staff as full-time primary care physicians.

In addition to primary care, the medical office offers specialty and subspecialty services, including allergy, cardiology, dermatology, gastroenterology, general/GI surgery, gynecology, neurology, ophthalmology, orthopedics/sports medicine, otolaryngology, pain management, plastic surgery, psychiatry and urology services. The practice offers weekend and holiday urgent care.

Bioartificial Kidney

MCG Medical Center has joined a nationwide study evaluating a bioartificial kidney in intensive care units.

Dr. Harold M. Szerlip, an MCG nephrologist, hopes the new device, developed by Dr. H. David Humes at the University of Michigan, can help turn the tide for patients whose kidneys fail because of common ICU factors such as bleeding and infection. Dr. Szerlip, who is also participating in a Department of Veterans Affairs and National Institutes of Health study to determine whether round-the-clock dialysis is better than sporadic dialysis for ICU patients in renal failure, said the bioartificial kidney contains billions of kidney cells and mimics many kidney functions.

In addition to ridding the body of waste products (the role of dialysis in the event of kidney failure), the bioartificial kidney is intended to mimic functions including secreting hormones, helping determine how the body metabolizes calcium and phosphorus, stimulating red blood cell production, helping regulate blood pressure and clearing and metabolizing cytokines that help direct the immune system.

The study is funded by Boston-based Nephros Therapeutics Inc.

Endoscopic Ultrasound

Endoscopic ultrasound, a diagnostic tool to locate, stage and sample hard-to-find tumors of the abdomen, recently became part of the arsenal in the fight against cancer at MCG Health System.

This technique combines a regular endoscopic exam with a sonogram and tissue-sampling to seek out tumors or other abnormalities in the esophagus, stomach and colon. "This relatively new technology locates irregularities in the upper and lower GI tract, helps stage them, then provides a sample for analysis to help physicians determine a treatment plan," said gastroenterologist Dr. Ayaz Chaudhary.

Physicians can view not only the GI tract, but also surrounding tissues and organs, including lymph nodes. If warranted, a fine needle is inserted under ultrasound guidance to remove a sample for further testing. Endoscopic ultrasound can also be used to diagnose chronic pancreatitis and bile stones, and to apply therapeutic aid to drain non-cancerous pancreatic pseudocysts. The whole procedure lasts 30 to 45 minutes.

"Endoscopic ultrasound provides a detailed view of the GI tract that no other technology can obtain."

–Dr. Ayaz Chaudhary

"Endoscopic ultrasound provides a detailed view of the GI tract that no other technology can obtain," said Dr. Chaudhary. "Cancerous cells can hide between the four layers that make up the wall of the GI tract. Only endoscopic ultrasound can penetrate and separate these layers so physicians can diagnose these tiny tumors."

Top Chopper

The MCG LifeNet helicopter, the state-of-the-art Eurocopter EC-130, was the only aircraft invited to the National EMS Expo last October in Atlanta. Hundreds of emergency medical services personnel worldwide toured the airborne critical care unit and learned about the team's lifesaving capabilities. Critical care flight nurses, flight paramedics and pilots demonstrated equipment, discussed treatment modalities and answered questions.

Multimillion-Dollar Transfer

MCG Health, Inc. transferred approximately $11.5 million to the Medical College of Georgia during the October meeting of the MCG Health, Inc. Board of Directors.

"Every year, we transfer 43 percent of the health system's margin to the college. These funds contribute to the success of the entire organization, bolstering academic development and research by world-class clinicians," said Don Snell, president and chief executive officer of MCG Health, Inc.

"The relationship between MCG and MCG Health, Inc. is truly synergistic," said MCG President Daniel W. Rahn. "It has enabled unprecedented, strategic growth on our campus and improved health care for Georgians. We look forward to continued collaboration and an even stronger future."

Over the past four years, MCG Health, Inc. has transferred more than $43 million to MCG.

MCG Health, Inc
Augusta, GA
004
MCG Health System
October 20, 2004
Pay to the Order of Medical College of Georgia
$11,429,161.64
Eleven Million, Four Hundred Twenty Nine Thousand, One Hundred Sixty One Dollars and 64/100 Dollars
Don Snell, President & CE

MCG Health, Inc. President Don Snell (center) and Donald Leebern Jr., (left) chair of the MCG Health, Inc. Board of Directors, present a check for $11,429,161.64 to MCG President Daniel W. Rahn.

Safety First

From accurate patient identification, medication safety and infection control to an infant alarm system, patient safety is a top priority at MCG Health System. Over the years, the health system has launched several initiatives to maintain a safe environment for patients, and continues to identify areas for ongoing improvement.

Recent campaigns have included initiatives to improve prescription-writing legibility, enhance hand-washing techniques, encourage patients to voice their concerns, upgrade infant security, maintain a computerized inventory of operating room supplies and bolster medication safety controls.

"Each of us, every day, are capable of identifying areas of patient safety that are ripe for improvement," said Sandra McVicker, senior vice president of patient care services and chief nursing officer. "We continually strive to provide our patients with the very best of care."

Heart Ball Honoree

Dr. William Bryan Strong, a pediatric cardiologist at the MCG Children's Medical Center, was honored at the 2005 American Heart Association Heart Ball for

Dr. William Bryan Strong

his significant contributions to cardiology in the CSRA. The MCG Heart Center was the presenting sponsor of the ball, and MCG Health, Inc. President and CEO Don Snell was honorary chair.

Dr. Strong has been a member of the American Heart Association since 1972. He has served on the Physical Education Committee, Ad-Hoc Committee on Exercise Testing in the Young, Task Force on School Education, Teaching Scholar Committee, Southern Regional Research Review and Advisory Subcommittee, and Council on Cardiovascular Disease in the Young.

Having a Heart

The MCG campus raised more than $56,000 to battle heart disease and stroke, the nation's number-one and number-three killers, during a 2004 American Heart Association Heart Walk co-chaired by MCG Health, Inc. Senior Vice President Pat Sodomka.

Potent Portal

The MCG Information and Technology Support and Services Division has received a $1 million grant to develop a Web portal that allows MCG to integrate online learning, administrative computing and student services.

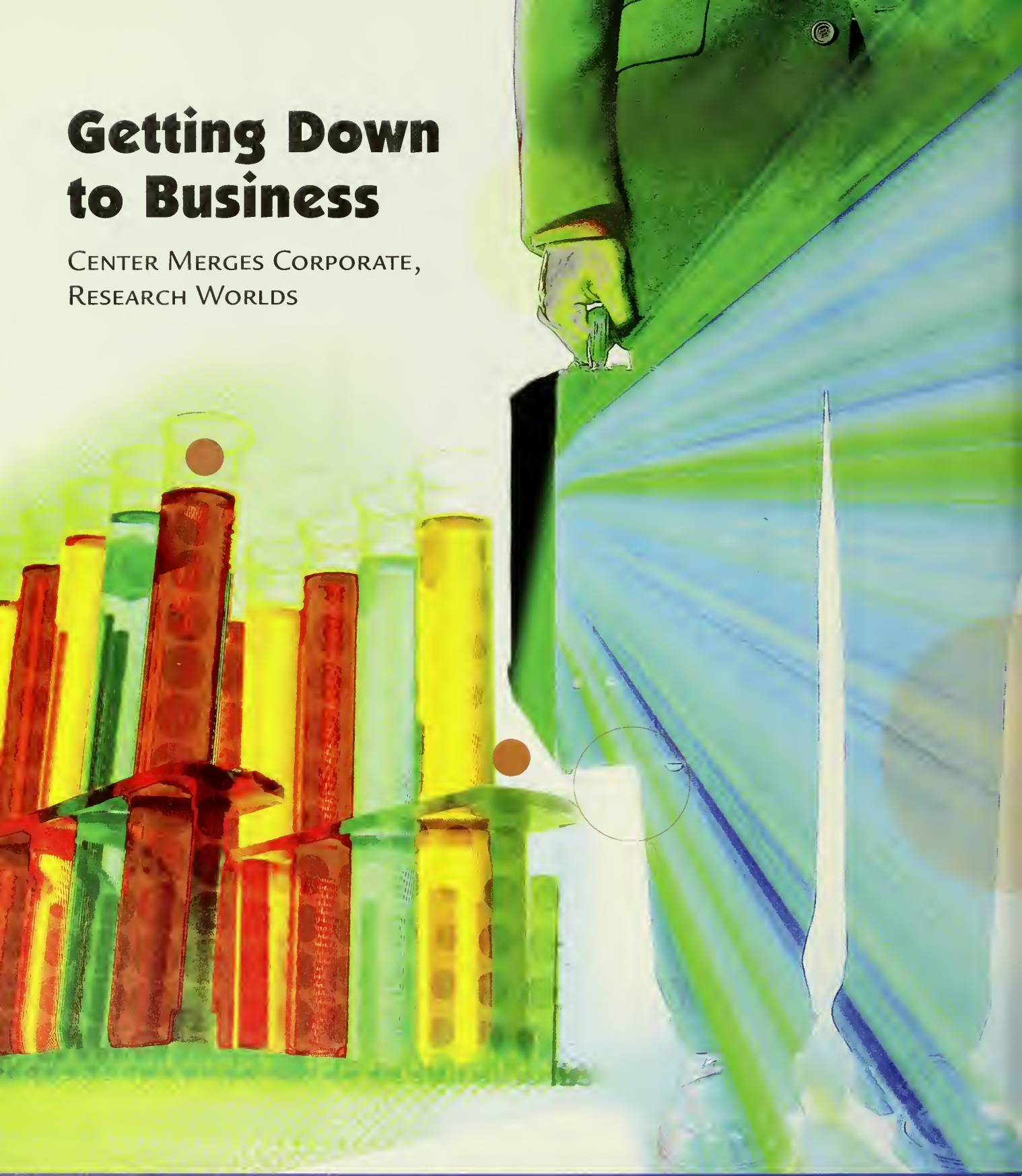
The Campus Enterprise Application Integration Oracle Portal Grant will fund software and hardware that "makes us part of a national consortium of institutions doing similar programming and development, so we get to capitalize on the work of others," said Beth Brigdon, vice president of the division.

The new infrastructure will eventually provide customized access to databases, listservs and Web pages based on user status. Students, for instance, will be able to log on to receive course materials, visit an educational chat room and perform business transactions such as paying student fees. Administrators and faculty will be able to view grades, budgets and administrative policies.

In later phases of production, the portal will enable users to tailor communication specifically for alumni, prospective students, parents or other visitors.

Getting Down to Business

Center Merges Corporate, Research Worlds



"We're not a passive landlord. We'll map out the milestones the companies plan to achieve and we will hold them to task. We want to make sure they are likely to succeed."

–Dr. Michael G. Gabridge

Dr. Matthew J. Kluger loves talking about the walls that have been erected to house the Medical College of Georgia Life Sciences Business Development Center.

But he's just as excited about the walls that have come tumbling down.

The ivory towers that once symbolically sequestered higher education from the larger community are crumbling nationwide, including at MCG—a deconstruction project that Dr. Kluger enthusiastically applauds.

"Society has changed," says Dr. Kluger, vice president for research and dean of the MCG School of Graduate Studies. "I think we can never go back to having a wall separating a university from the community."

Until the Life Sciences Business Development Center opened last spring, MCG's research community had a largely tenuous connection to the business world. The researchers' job was to make discoveries. If those discoveries yielded marketable products, techniques or services, the researchers generally had to leave academia if they chose to pursue commercialization. Likewise, the corporate world had little access to MCG laboratories cultivating potentially marketable innovations in health care.

"What Dr. Kluger brought to MCG when he came on board five years ago was an organized technology transfer program," says Dr. Michael G. Gabridge, associate vice president of technology transfer and economic development at MCG.

"We didn't have a vigorous way of evaluating whether intellectual property was worth patenting," says Dr. Kluger, whose credentials include a Ph.D. and M.B.A. "MCG researchers didn't have the opportunity to set up their own small companies to market their discoveries."

Dr. Kluger says MCG is now a leader nationwide in cultivating the complementary nature of business and science. "We're ahead of the curve in many respects," he says.

The Life Sciences Business Development Center, which adjoins the Interdisciplinary Research Building, consists of five major laboratory suites. Small biomedical businesses may apply to rent a suite, garnering access to a wealth of MCG resources and expertise. Likewise, if MCG researchers make a marketable discovery, they now have a ready pathway into the business world—without leaving their day jobs behind.

"To have a world-class research enterprise, you need to create an environment where faculty entrepreneurs want to stay here or move here," Dr. Kluger says. "And to have a thriving economy, we need to optimize our biomedical brain trust. Roughly every million dollars of research creates about 15 new jobs. As you grow research, you grow the need for accountants, for janitors ... for more of everything it takes to run a company."

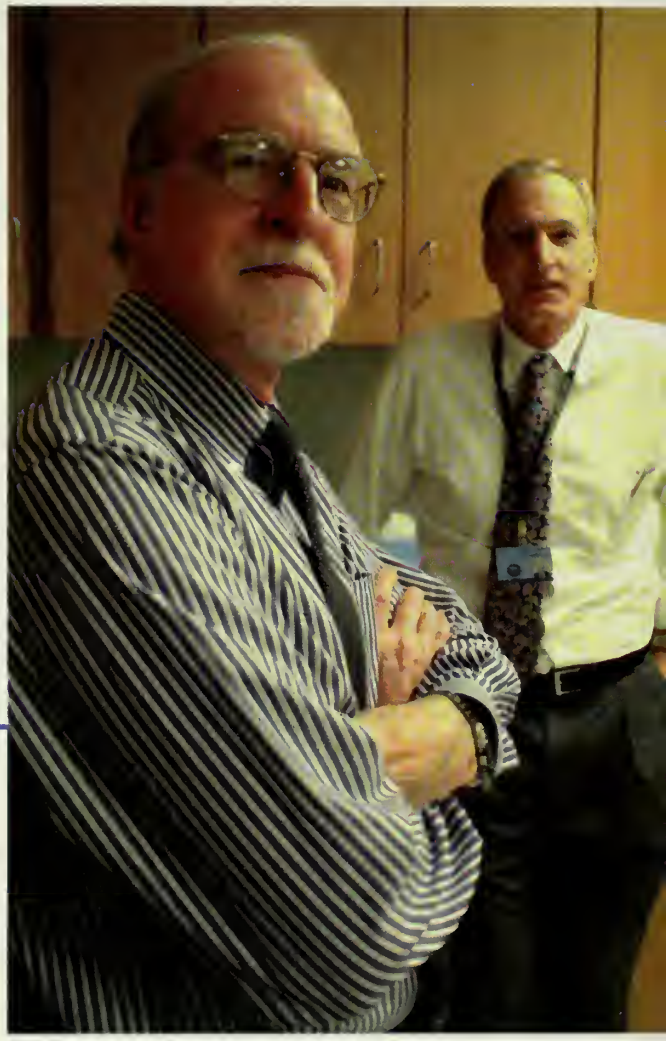
The reverberations trickle exponentially, which is why many segments of the community and state have enthusiastically contributed their support. The Georgia Research Alliance, for instance, provided $5 million toward construction of the Life Sciences Business Development Center. OneGeorgia, a state initiative that uses a portion of tobacco settlement money to create infrastructure in non-metropolitan Georgia, provided a $500,000 grant to the Georgia Medical Center Authority to equip the center.

"These funds make our facility one of the best-equipped in the Southeast, and perhaps the nation," says Dr. Gabridge, who points with pride to resources such as "clean space" in each lab that ensures an area free of all environmental contaminants

The United States of America
The Director of the United States Patent and Trademark Office
Has received an application for a patent for a new and useful invention. The title and description of the invention are enclosed. The requirements of law have been complied with, and it has been determined that a patent on the invention shall be granted under the law.
Therefore, this
United States Patent
Grants to the person(s) having title to this patent the right to exclude others from making, using, offering for sale, or selling the invention throughout the United States of America or importing the invention into the United States of America for the term set forth below, subject to the payment of maintenance fees as provided by law.
If this application was filed prior to June 8, 1995, the term of this patent is the longer of seventeen years from the date of grant of this patent or twenty years from the earliest effective U.S. filing date of the application, subject to any statutory extension.
If this application was filed on or after June 8, 1995, the term of this patent is twenty years from the U.S. filing date, subject to any statutory extension. If the application contains a specific reference to an earlier filed application or applications under 35 U.S.C. 120, 121 or 365(
the term of the patent is twenty years from the date on which the earliest application was filed, subject to any statutory extensions.
Director of the United States Patent and Trademark Office

"The business' goals must be consistent with MCG's overall philosophy. If the committee isn't happy with the fit, we'll say no thanks."

–Dr. Michael G. Gabridge



Dr. Michael G. Gabridge (left) and Dr. Matthew J. Kluger

when working with biological materials. "Entrepreneurs are going to find Augusta an ideal place to start up a new life-sciences company."

Dr. Kluger chairs the Georgia Medical Center Authority Board of Directors and works closely with its executive director, Lenie Roos-Gabridge, who offers an outside-in perspective for the Life Sciences Business Development Center. One of her roles includes cultivating an Augusta research park to offer a second level for fledgling biomedical businesses to move to as they grow.

"We present potential companies with a shopping list of benefits that we offer," says Dr. Gabridge. For instance, each company will be assigned an advisory board, a pool of biomedical business experts to offer counsel and analysis. Stephen P. Henderson, assistant director of the center, has an extensive business background that will ensure the best interests both of MCG and of the companies.

"We're not a passive landlord," says Dr. Gabridge. "We'll map out the milestones the companies plan to achieve and we will hold them to task. We want to make sure they are likely to succeed."

He cites checks and balances including assessments of companies' past performance, analyses to gauge the marketability of potential products and services and ongoing oversight to ensure that goals are met. Businesses that apply to rent space in the center submit a business plan to the center's Admissions Committee, which makes recommendations to a 20-member Board of Advisors chaired by MCG President Daniel W. Rahn and co-chaired by Dr. Kluger.

"The business' goals must be consistent with MCG's overall philosophy," Dr. Gabridge says. "If the committee isn't happy with the fit, we'll say no thanks." But he and his colleagues are excited about the potential to optimize disease treatment and enhance quality of life with products and services emanating from the center.

The first tenant company, a pathology service business with a solid track record of working with physicians, moved into the center this spring. In a further boon to the technology-transfer initiative, Georgia Gov. Sonny Perdue in February announced the creation

of a Life Science Innovation Center in Augusta, the fourth in the state's Centers of Innovation program, which Dr. Gabridge will direct. The designation will yield about $150,000 a year for three years to help with outreach and marketing of the Life Sciences Business Development Center.

MCG's partnership with the business community is well-timed to capitalize on the massive growth of the university's research initiative. Since coming on board five years ago, Dr. Kluger has overseen an increase in extramural research funding from $25 million to approximately $85 million.

The university is concentrating its efforts in five thematic areas—cancer, cardiovascular disease, diabetes/obesity, infection/inflammation and neurological disease—and has created an environment that fosters multidisciplinary research and collaboration. MCG has created 13 core laboratories that advance scientific studies campuswide and beyond. These labs, including those devoted to genomics, cell production and cell imaging, reflect the cutting-edge nature of research that is yielding groundbreaking findings related to conditions such as diabetes, Alzheimer's disease, obesity and aging.

Many research projects are already on the fast track toward commercialization, including the pursuit of patents on transporter technology that shows promise for longevity and weight control.

The Life Sciences Business Development Center administrators know their lofty goals will take time to mature. But like a scientist who trusts that great things will spring from careful, methodical work, the administrators have equal measures of patience and ambition. "This is a long-term proposition," says Dr. Kluger. "If you look at Augusta five years from now, you might see six or eight new companies—impressive in and of itself. But it's the environment we're setting the stage for 20 years from now that will really show the effects."

Christine Hurley Deriso

The mission workers' photos of their Bangladesh experiences, including the jeep wreck, are featured throughout this article.

Rising to the Challenge

Jeep Wreck Brings Out Best in Medical Missionaries

Jeff Harris with infant patient in Bangladesh

When Donna Harris received a message on her answering machine from a medical mission outreach office Feb. 8, she thought it was a solicitation for donations. "I just deleted the message," she said.

Her husband and son have participated in numerous mission trips across the globe, so calls like this aren't uncommon in her Tifton, Ga., home.

What the caller didn't say was that her son, Jeff, was in serious condition after a jeep accident in Bangladesh. She'd find out later, in a phone call from his fiancée, that Jeff was being airlifted to a hospital on a nearby medical base.

"She said they didn't know much, but if there was further need for surgical or medical treatment, he would be flown to Japan or Australia," recalled Mrs. Harris. "We started thinking about how we'd get to Japan. Then we made phone calls to friends and church family. News went all over the Internet with our friends, and strangers even, praying for him."

Jeff, a fourth-year medical student at the Medical College of Georgia, anticipated plenty of adventure when he embarked on a three-week medical mission trip to Bangladesh in February with 18 other MCG students, faculty, residents and staff. But he didn't expect to be on the receiving end of the treatment. The best-laid plans....

The trip was organized by Dr. Walter F. (Ted) Kuhn, professor of emergency medicine, and his wife, Dr. Sharon Kuhn, assistant professor in the Department of Family Medicine. MCG's Emergency Medicine Program allows medical students and emergency medicine residents to travel to Third World countries and treat underserved populations through an international medicine elective. Other members of the health care community often participate as well.

"The experience is mutually beneficial, with the physicians educated and enlightened by the experience," said Dr. Kuhn. The trips generally last one to three weeks and take place in primitive environments such as villages in the Peruvian Amazon, remote towns in Myanmar and the Masai region of Kenya. Accommodations often consist of sleeping bags under mosquito nets. Most of the trips, including the Bangladesh trip in February, are co-sponsored by Mission to the World, the missions-sending arm of the Presbyterian Church in America based in Atlanta, but no religious affiliations or participation are required of MCG team members.

There are risks involved with travel to the developing world. Among the precautions the Kuhns take is ensuring that each team has at least one leader knowledgeable about the region's diseases, evacuation procedures and other safety factors. Four trained leaders accompanied the Bangladesh group.

"We rate areas we visit by risk factors, everything from political instability to climate to distance from a quality health care institution," said Dr. Sharon Kuhn. "On high-risk teams, we also send a fully equipped bag for emergencies that includes rescue and resuscitation equipment, cervical collars and splints, a stretcher, emergency medications, IV fluids, a laceration repair kit – everything you need until you can reach more definitive care."

The Kuhns also extensively train with students before departing, emphasizing areas such as culture differences, wilderness medicine preparation and water sterilization. "We encourage them to get appropriate immunizations and malaria prophylaxis to keep them safe," said Dr. Sharon Kuhn. "But we don't understate the risks. We want to make sure they feel the goals are worth the risk and we do that up front before we leave. It's important to be sure they know as much as possible before committing to the trip."

The training proved invaluable during the February trip to Bangladesh.

The first few days of the trip proceeded as planned. The group arrived in the village of Ruma and set up a free medical clinic in a church. Jeff wrote in his journal Feb. 5:

WE ARRIVED TO FLAGS WAVING "FREE MEDICAL TEAM," AND A CROWD GATHERED OUTSIDE THE CHURCH. OUR NAMES WERE ANNOUNCED AND WE WERE WELCOMED WITH FLOWERS. A FAMILY HAD GIVEN UP THEIR HOME ACROSS FROM THE CHURCH FOR OUR MEDICAL TEAM TO STAY IN AND MANY FAMILIES GAVE UP THEIR BLANKETS TO ENSURE THAT WE HAD ENOUGH TO STAY WARM IN THE COOL MOUNTAIN NIGHTS. OUR DAYS STARTED AROUND 5:30 A.M. TO A CHORUS OF ROOSTERS OUTSIDE OUR THATCH-WALLED HOUSE, AND I USUALLY CRAWLED UNDER MY MOSQUITO NET BY 8:30 P.M., EXHAUSTED.

That same day, MCG medical student Christy Lawson wrote,

Today, a beautiful young woman came into clinic bringing her adorable baby to meet one of the doctors who had been on the trip last year. The young woman was healthy, the baby growing beautifully. A year ago, this woman had been near death. She had chicken pox and developed encephalitis as a complication. She was brought to the clinic with active seizures, low blood pressure and a high fever. The only thing they had to give her were three antiviral pills and IV fluids. The doctor prayed, asking that Jesus would spare the woman and her child. Amazingly, both lived. The woman asked this doctor to name her baby. Today, she brought Hannah Grace to meet the doctor who prayed for her and named her.

Only two days later, it was Jeff who was in the grips of a medical crisis. The MCG group was traveling in jeeps to their base camp when the second jeep in the caravan stalled on top of a hill. The engine died and the local driver lost control of the vehicle. The driver, two Bangladeshi pastors, Jeff and two of his classmates, Meredith Welch and Jenny Hill, plummeted down a 30-foot ravine.

Christy witnessed the accident from another jeep in the caravan. "I couldn't tell if it was flipping or not; there was a huge cloud of dust," she said. "It all took a second or two; the jeep fell over the edge of a ditch and I couldn't see it anymore. We sort of sat there in stunned silence. Then I was out and running."

Looking down into the ditch, she was stunned to see the jeep had not flipped, but fell into the ravine basically intact.

"It looked as though someone had picked up the jeep and placed it at the bottom of the ditch," she said. "It looked physically impossible."

But she was jolted from the surrealism of the scene when she saw Jeff being pulled from the wreckage. "I made it to him just as they sat him down on the ground. His face was covered in blood. He had a gash on his scalp. And what frightened me the most was that his pupils were dilated so dramatically, I couldn't seen any of his iris."

Jeff was briefly knocked unconscious, then awoke "wet with blood, not being able to feel my arm and looking around and seeing that everyone else was still asleep, or passed out in the vehicle," he said.

Adrenalin, instinct and years of training kicked in for the other members of the team. "It was amazing how well-oiled the team was," Jeff said. "We had three emergency medicine-trained physicians with us. They had an emergency bag that we always kept on hand. They started putting pressure on my head laceration, washing it out and stapling it up, immobilizing my neck."

Later in her journal, Christy lauded the efforts both of the MCG team and local villagers who responded to the crash.

I will forever be amazed and grateful at how quickly and efficiently [the local people] responded to the accident, mobilized their limited resources and got my friends to a hospital for medical treatment. I will forever be amazed and grateful at how collected, calm and together Dr. Kuhn was through the entire ordeal and how well he marshaled us all to respond well and efficiently. He is an incredible leader and physician.

The team worked quickly to triage the crash victims. The nearest hospital was hours away by vehicle, so Bangladesh police, who were escorting the American team through the jungle, radioed to a nearby military base.

"It seemed to take forever to get Jenny out of the jeep," said Christy. "Meanwhile, two of the ER doctors had gotten to Jeff, and I went to Meredith. We prayed that Jenny would be OK. [By the time she was pulled out of the jeep], she was awake and confused. She had no idea where she was or what we were doing, but she was awake."

The driver "was pulled from the jeep and immediately put onto a

boat headed down river," Christy said. "Apparently, his friends were worried that we would place blame on him and that he would be in trouble with the military."

Meredith insisted that she didn't need further medical attention, so the team loaded Jeff and Jenny onto a military helicopter heading to the Bangladesh port city of Chittagong. Drs. Ted Kuhn and Dave Hunter, a neuroradiologist from St. Louis, traveled with them to translate and help coordinate their care.

"It was about a 45-minute flight," said Jeff. "I was staring at the ceiling, wondering if my neck was broken but confident that I was in good hands."

Jeff was greeted by military trauma doctors who "treated me very well. They were anxious to do anything they could to help."

Jenny was diagnosed with bruised ribs which, though painful, would heal on their own. Jeff's X-rays indicated a possible neck fracture that necessitated a 75-minute flight to a larger hospital in Dhaka for a magnetic resonance imaging test. But until the flight could be scheduled, he lay motionless in the hospital bed in Chittagong.

"It was such a unique night," said Jeff. "I spent 14 hours staring at the ceiling in Chittagong. It was my first experience being a patient." He wrote in his journal,

"ONE NURSE, DANEUL, WAS VERY FRIENDLY AND KNEW A SMATTERING OF ENGLISH. WE BECAME FRIENDS OVERNIGHT. HE ACTUALLY STAYED AFTER HIS SHIFT WAS OVER TO SEE ME OFF TO THE TRANSPORT. HE TAUGHT ME SEVERAL WORDS IN BANGLA AND TOLD ME, 'YOU ARE VERY NICE.' HE ASKED ME WHO I LIKED BETTER, BUSH OR KERRY. I LAUGHED AND REPLIED, 'BOTH.'"

Once he was transferred to Dhaka, the news took a dramatic turn for the better. A CT scan and an MRI confirmed his neck wasn't fractured after all. The next step in his treatment? Warm showers and phone calls to reassure friends and family. Three days after the accident, Jeff and Jenny were back at work in the clinic.

Jeff Harris (from left), Dr. Sharon Kuhn, Christy Lawson and Meredith Welch

"It was a great reunion," Jeff recalled. "This really pulled our team together in a wonderful way."

Tired and sore, but ready to serve, Jeff resumed duties analyzing blood, urine and stool samples. With his shaved head, stitched head wound, black eyes and swollen face and neck, he was quite a spectacle for the villagers.

"One lady asked, 'Does he paint his face for decoration?" Jeff laughed. "I was also called 'raccoon' a lot."

As unforgettable as the accident was, Jeff insists his most lasting memories are of the people he met. "They are a very warm people, very hospitable and self-effacing," he said. "They would come in the clinic and place their hand over their heart, then shake your hand as a gesture of appreciation. They routinely thanked us profusely. They hosted a farewell party where they danced for us and brought us flowers."

His own health crisis notwithstanding, he encourages his classmates to consider incorporating international medicine trips into their MCG educations. "It's hard to overestimate the impact of going to another culture and giving of your time and resources to people who are appreciative," he said. "Christ's love and health care are two universal languages that communicate caring in a powerful way. I think these trips bring out the best in us all and really solidify the relationships formed with classmates. It's also really neat to see faculty members in a different setting."

The Kuhns concur. "To practice medicine with people who don't have access to care is very gratifying," said Dr. Sharon Kuhn. "It's rewarding to see the effect that you can have on people's lives."

Jeff will never forget the lessons learned being on the receiving end of intensive medical care. "I think I will be much more compassionate to people who are hurting – remarkably more compassionate," he said, "because I realize what it's like to lie in a hospital bed, stare at the ceiling, be in pain and really helpless to do anything about it."

Ellen Gladden

For more information about the MCG Emergency Medicine Program, visit http://www.mcg.edu/ems/COM/InternationalMed/.

Unforgotten

Clinic Addresses Physical, Emotional Needs of Alzheimer's Families

You can't watch late-night talk TV, listen to talk radio or watch a prime time sitcom without hearing some reference to "senior moments." The reference is generally a lighthearted way of coping with deep-rooted fears about aging. For one family, however, "senior moments" are no laughing matter.

The Hopson family* has been hard hit by Alzheimer's disease. Six of 14 siblings have been diagnosed with Alzheimer's disease, three of whom are still living. "Of course I think about it, but I don't dwell on it. You can't do anything about it, so there's no point worrying, " says Beverly, the 71-year-old baby of the family. Beverly, who does not have Alzheimer's, cares for her 81-year-old sister, Janice, the only sibling with the disease still living at home.

Janice was diagnosed four years ago, after demonstrating symptoms of Alzheimer's disease for a year. "After having gone through this five times before, we knew what to look for," says Beverly. "For about a year, Janice would repeat the same thing over and over and wouldn't remember having done so."

A common sign of Alzheimer's disease is memory loss, says Dr. Suzanne Smith, a neurologist and medical director of the MCG Memory Disorders Clinic. Other symptoms may include difficulty with language, disorientation, misplacing things, difficulty with activities of daily living and changes in personality, mood or behavior. "Memory loss is the main precursor for Alzheimer's disease," says Dr. Smith. "This is what makes this disease so tragic for both the patient and family and why it's important that treatment involve both."

"When we told Janice [about the diagnosis], she was devastated," says Beverly.

But Dr. Smith says early diagnosis of the disease has several benefits. "It is important that patients who experience memory loss seek treatment earlier, rather than later," she says. "Fear of a diagnosis may lead people to avoid visiting their physician even when there is an obvious problem. But as with all disease, early diagnosis can make a huge difference in a person's well-being."

Early diagnosis of Alzheimer's disease can mean time to slow progression and provide the patient with more time for planning. Medications such as cholinesterase inhibitors work to block the enzymes that break down acetylcholine, ensuring that more of this chemical is available to the brain. Acetylcholine deficits have been found in the brains of those with Alzheimer's disease.

"Cholinestrase inhibitors can help improve cognitive function and behavior and may delay the progression of Alzheimer's for six to 18 months," says Dr. Smith.

Early diagnosis also gives patients and family members time to seek out resources and find help. "While great strides are being made to find treatments for Alzheimer's, currently supportive care for the patient and family remains our most important goal," says Dr. Smith. "We work closely with the Alzheimer's Association to assist families and the community with education and awareness."

The Memory Disorders Clinic also provides caregiver counseling, including advice on coping with the challenges of incontinence, wandering and sundowning, a state of agitation and anxiety in the late afternoon or early evening.

The time comes when most patients with Alzheimer's disease can't be managed at home. Beverly should know. She has watched two siblings move into nursing homes. "I have already told my children that if I get Alzheimer's and get to the point where I don't recognize them, then they should let someone else take care of me," says Beverly. "When I no longer have a good quality of life, they can put me in a nursing home."

A unique component of the Memory Disorder Clinic is enabling patients and families to participate in genetic studies on Alzheimer's disease. The Hopson family is enrolled in one.

"For the past four to five years, Dr. Shirley Poduslo (a professor of neurology in the MCG Institute of Molecular Medicine and Genetics) has been attending our family reunions," says Beverly. "She draws blood from all of the children and grandchildren as part of a genetic study."
Dr. Poduslo is trying to identify the mutated genes responsible for late-onset Alzheimer's. She hopes the information will help lead to the cause, and ultimately, prevention. For more information about her research, visit www.mcg.edu/alzres.

The National Institute on Aging plans a major study on the early warning signs of Alzheimer's and ways to test new therapies more quickly. Because of that, and a predicted 45 percent increase in the number of Georgia patients by 2025, Dr. Smith expects Alzheimer's disease to remain an area of major public interest. "Alzheimer's disease slowly but surely robs families of their loved ones," says Dr. Smith. "It's a cruel disease for both the patients and families. But this is why our clinic is so passionate about what we do in offering clinical treatment, support, education and research into the causes of Alzheimer's."

Deborah Humphrey

**Pseudonym*

It Isn't Necessarily Alzheimer's

When patients begin experiencing memory loss, their first thought may be that they have Alzheimer's disease. This reaction isn't unfounded since about 5 percent of people age 65 and older develop Alzheimer's, with a much larger proportion in people older than 80. "But," Dr. Smith points out, "there are many other conditions that can cause memory impairment, some of which are reversible." These conditions include depression, metabolic imbalances, thyroid conditions, stroke and prior head trauma. Dr. Smith routinely screens and treats these conditions as part of her practice. She sees a wide variety of patients, ranging from those with forgetfulness to those with Alzheimer's disease or other forms of dementia.

Typus Orbis Terrarum.
Septentrio
Circulus Antarcticus
TERRA AVSTRALIS NONDVM COGNITA
Mare
dies
Quid ei potest videri Magnum in rebus humanis cui aeternitas
Omnis totius que mundi nota sit magnitudo cicero · Ao 1574

A Good Fit

International Students Bring Fresh Perspective to Campus

Yang Sui traveled halfway around the world when she left home the first time.

She had lived all her life in Wuhan, China's fourth largest city, famous for its five big universities, including three medical schools. Yet when she decided she wanted to be a scientist, she would consider only the United States as the place to learn.

"Nope" is her very Americanized response to questions about alternatives. "I knew this was what I was going to do. I knew it was what I wanted from a career and I'm going to do it."

"America is the dream of most students, I think especially for graduate education," says fellow graduate student Chunying Li. "It's the most advanced education system in the world." Mrs. Li, along with husband Dong Yuan, left the Chinese city of Dalian to come to the United States and the Medical College of Georgia. She was studying physiology at Dalian Medical University when her first contact with patients made the shy, intelligent young woman decide

that the best place for her was a research lab. "You are always asking yourself questions, then looking for the answer. The process is fascinating to me."

Mrs. Li admits she was hesitant to leave her homeland, but like Ms. Sui, she had a goal. "I was excited to go, overwhelmed."

She was preparing for her first test at MCG when the terrorist attacks on Sept. 11, 2001 tested the mettle of her new home and its relationship with the world.

Ms. Sui, who came two years later, had to brave the security aftermath of Sept. 11 along with contagion concerns of severe acute respiratory syndrome, the deadly viral respiratory illness that surfaced in southern China in 2002 and rapidly became a global threat.

There was even trouble at her back door. A fellow senior at Wuhan University was caught altering his transcripts, probably to make himself more competitive in the United States. The word spread to other American universities to double-check transcripts of Wuhan students.

"2003 was a hard year," she says. Sixty of her fellow seniors applied to American universities. Ten got accepted and six got the visas needed for overseas travel. She felt determined and lucky to be among them.

Campus Transformation

Not unlike a well-executed scientific study, the concerted effort to grow MCG's strength in biomedical sciences over the last five years has transformed the campus.

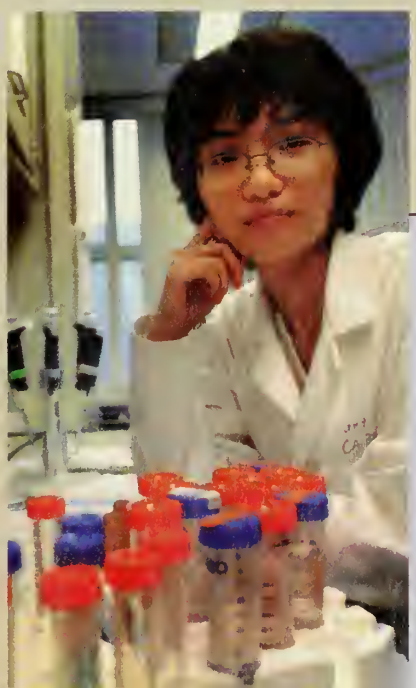
"We are developing an international reputation in cardiovascular research as well as neuroscience, infection and inflammation, cancer biology and diabetes," says Dr. Matthew J. Kluger, vice president for research and dean of the School of Graduate Studies. "By focusing in thematic areas, we are getting that reputation."

MCG is amassing record levels of researchers, funded research – which has increased 175 percent since 1999 – and construction activities to appropriately house it all.

"America is the dream of most students, I think especially for graduate education. It's the most advanced education system in the world."

–Chunying Li

One of many results of the unprecedented research activity is the need for more graduate students. "Students are bright, creative. They see things with naïve eyes and sometimes they uncover things you may not have thought about," says Dr. Kluger. "The majority of faculty members really enjoy training doctoral students. It's part of the reason they are in academia and not working at a pharmaceutical company."



A few years ago, MCG was recruiting about 12 graduate students each year in the biomedical sciences. This year, MCG recruited 20 new students; the next goal is 30 per year, then 34. Graduate programs in biomedical science include biochemistry, cellular biology and anatomy, molecular medicine, pharmacology, physiology, vascular biology and oral biology.

"In China, people are not so open-minded and so willing to share, maybe because of the traditions. Maybe I just fit here."

–Yang Sui

Programs in neuroscience, cancer biology and genomic medicine are in the works.

Like most graduate programs in the United States – and unlike many programs in Georgia's health sciences university – graduate student recruitment in the biomedical sciences is an international affair.

"We are looking nationwide and worldwide," says Dr. Gretchen B. Caughman, associate dean of the School of Graduate Studies. About 60 percent of current graduate students are from the United States and about 70 percent of those are from Georgia. By comparison, all students in the School of Dentistry and the vast majority in the School of Medicine are Georgia residents.

Despite the terrific international reputation of the United States when it comes to science, underscored by the fact that a disproportionate number of Nobel Prize winners are from this country, "we don't emphasize math and science in secondary education," Dr. Caughman says.

The countless career options available to many Americans may further diminish their appetite for science. "We have about 300 million Americans," says Dr. Kluger. "Some other countries have much larger populations hungry for the opportunity to excel, like the immigrants who came to this country in the 1880s and early 1900s."

The good news is the image of scientists as odd individuals with pocket protectors living in ivory towers is melting away as science and scientists become more visible on the American landscape, Dr. Caughman says. Major accomplishments such as important drug discoveries and mapping the human genome have helped dismantle the towers and crystallize the important contributions of scientists to society.

And while MCG is ripe for development of even more future scientists, Drs. Kluger and Caughman worry more global concerns could hamper growth.

Changing World

The available pot of research funding is one worry. While Ms. Sui noted the United States' strength not just in graduate education, but in funding the research laboratories that are the focal point for such an education, the heyday for research funding may be over. The recent doubling of the National Institutes of Health budget, which took it to about $28 billion over a five-year period, is complete. "Last year, the NIH budget only went up 3 percent, which does not even keep up with inflation," says Dr. Kluger. President Bush's proposed budget includes a .7 percent increase this year.

"When about one out of four grants is getting funded, it's a much easier sell to undergraduate and graduate students watching the success of their mentors," he says. "Now, we are going to rapidly get back to the point where one out of six or seven grants is going to get funded. That can be a turnoff to students who wonder how they can get funded when faculty member X, a brilliant person who has published 100 papers, can't get funded."

They also worry that ongoing international turmoil will hinder bringing students such as Ms. Sui and Mrs. Li onboard.

"This country has been very welcoming in the past to international students," says Dr. Kluger. Like any good relationship, that influx of talent has been good for U.S. science.

But those on the front line of immigration issues for MCG say although the rules are evolving, the system works for most students most of the time.

When Beverly Y. M. Tarver became director of student diversity in July 2001, she was told that international visitor advisement – helping non-immigrant, alien students and scholars get to this country and stay long enough to complete their education – would be about one-third of her job.

"Then four planes crashed and that doubled," says Mrs. Tarver. Her duties include administering MCG's participation in the U.S. Department of State's J-1 program, which provides oversight for exchange visitors, including scholars and students at MCG. She follows mostly School of Graduate Studies students in another program, the U.S. Department of Homeland Security's F-1 program for students. Before she ever lays eyes on them, Mrs. Tarver helps students get the paperwork they need to secure visas through the U.S. embassies in their countries, then keeps information about their activities flowing to the proper department while they are here.

As an example, she follows about 40 students and their dependents in the F-1 program

and 80 faculty, staff and students in the J-1 program as well as their dependents. When the Center for Biotechnology and Genomic Medicine moved to the new addition of the MCG Interdisciplinary Research Building last spring, the change in work address for all those in the program had to be reported to the Student and Exchange Visitor Information System, an electronic database the U.S. Department of Homeland Security instituted after Sept. 11.

These ever-changing requirements are not to be taken lightly by visitors.

About 25 countries considered state sponsors of terrorism, including Iraq, Iran, Morocco and Afghanistan, are part of the Department of Homeland Security's National Security Entry-Exit Registration System, which means non-immigrant adult males from those countries get even more stringent review, both before they can come and after they arrive.

The sheer number of citizens in a country – China has approximately 1.3 billion, as an example – may slow down the process in others. This year, of the some dozen international students accepted, two Chinese students did not get their visas in time to start classes. Mrs. Tarver never hears again from some students who have been accepted to MCG, presumably because they could not get a visa. "Some of them just don't get through the process," Mrs. Tarver says of the reality of international visitation in 2005.

"Is it more difficult than it used to be? Yes. Is it more time-consuming than it used to be? Yes," says Mrs. Tarver, but she noted that as the international world has changed, the MCG world has changed, referring to dramatic growth in research and related activities that likely has generated more international interest.

"It's more likely that if you are casting a broader net, you are going to catch more folks in that net that need assistance. They are going into a homeland security system that also is ratcheted up. More people, more requirements. I don't know that one is more of an influence than the other," she says.

Fitting In

Regardless of the extra effort it may take to get to the United States now, she is never surprised when students make the effort. "I have been other places and I know this is a wonderful place to be. There is opportunity here. We are not at the point where Martin Luther King wanted us to be, but we are further ahead than a lot of the rest of the world."

Mrs. Li and Ms. Sui are glad to have found out for themselves.

"I like this program. I like my lab, my project," says Mrs. Li. She works in the laboratory of Dr. Richard C. Venema, who encourages her to think and helps her answer resulting questions. His studies of the powerful vasodilator, nitric oxide, have led to her studies of eNOS, an enzyme responsible for nitric oxide production, and how its interaction with certain proteins can impact that production. The result may be too little nitric oxide, which may lead to diseases such as hypertension, or too much, which can contribute to sight-destroying diabetic retinopathy. "It is interesting and meaningful to do this. It's a link between basic science and human disease," a link she hoped to find years ago when she first ventured into the clinics of Dalian Medical University.

Ms. Sui has set her sights on cancer research, which brought her to the laboratory of Dr. Lan Ko where she studies a molecule whose erroneous migration may cause several types of cancer. "I like cancer most because, so far, we have made a lot of discoveries but it is not enough for us to find a cure. It's a challenge that really interests me. To study cancer, I need to know a lot about pathology and molecular science, so I looked for a program that could integrate everything together. MCG has this kind of program. It's really good."

She is happy as well to find herself in a place where she is free to pursue knowledge. "Everybody is willing to share their knowledge. They are willing to speak out on what they think," she says. "In China, people are not so open-minded and so willing to share, maybe because of the traditions," says Ms. Sui, who sometimes found herself in trouble at home for speaking up. "Maybe I just fit here."

Toni Baker

"It's more likely that if you are casting a broader net, you are going to catch more folks in that net that need assistance. They are going into a homeland security system that also is ratcheted up. More people, more requirements. I don't know that one is more of an influence than the other."

–Beverly Tarver

CSI: Kentucky

MCG Education Launches Career of Forensic Anthropologist

Dr. Emily Craig doesn't have much time for socializing when she's in the middle of a case, which is probably a good thing. Otherwise, she might have had to explain the human skull that recently doubled as a centerpiece on her kitchen table.

It didn't start out as a skull ... only a pile of buried bones she meticulously unearthed and pieced back together. Once the shattered skull was intact, she covered it with clay and deftly began sculpting the features that had once formed a face. Slowly, the shards and remnants were brought back to life—or at least an eerie likeness of a former life—right there on her kitchen table. Now that the face was reconstructed, police were able to identify a long-dead murder victim.

Macabre work by most people's standards, but business as usual for Dr. Craig, the state forensic anthropologist for the Commonwealth of Kentucky.

Dr. Craig has always loved combining art and science. Throw equal doses of mystery, intrigue and compassion into the mix and you've got a career that makes *CSI* or *Cold Case Files* look like child's play. Dr. Craig, whose father was a physician, worked as a medical illustrator for several years after earning her degree in the field from MCG in 1976. Then, intrigued by the possibility of using her skills to help solve crimes, she went back to school to earn a Ph.D. in forensic anthropology at the University of Tennessee.

It was at the anthropology research center in Knoxville, Tenn., that she not only refined her skills but tested her resolve. The center's nickname is the Body Farm, a field where bodies donated to science are allowed to decompose under various circumstances so scientists can study the process. It is undeniably grisly business, yet work Dr. Craig finds singularly fascinating.

When the bodies of suspected crime victims are found quickly after death and are relatively intact, it is the job of forensic pathologists to glean information based on injuries, the condition of the organs and other clues. Dr. Craig has the more tedious and often more complicated task of being called in when the body is totally decomposed or destroyed beyond recognition. She has traveled to countless crime scenes, including individual murders and mass tragedies such as the World Trade Center, the Murrah Federal Building in Oklahoma City and the Branch Davidian compound in Waco, Texas to help identify victims and reconstruct crime scenes.

"Every case is different, and they all have their own fascinating aspects," says Dr. Craig.

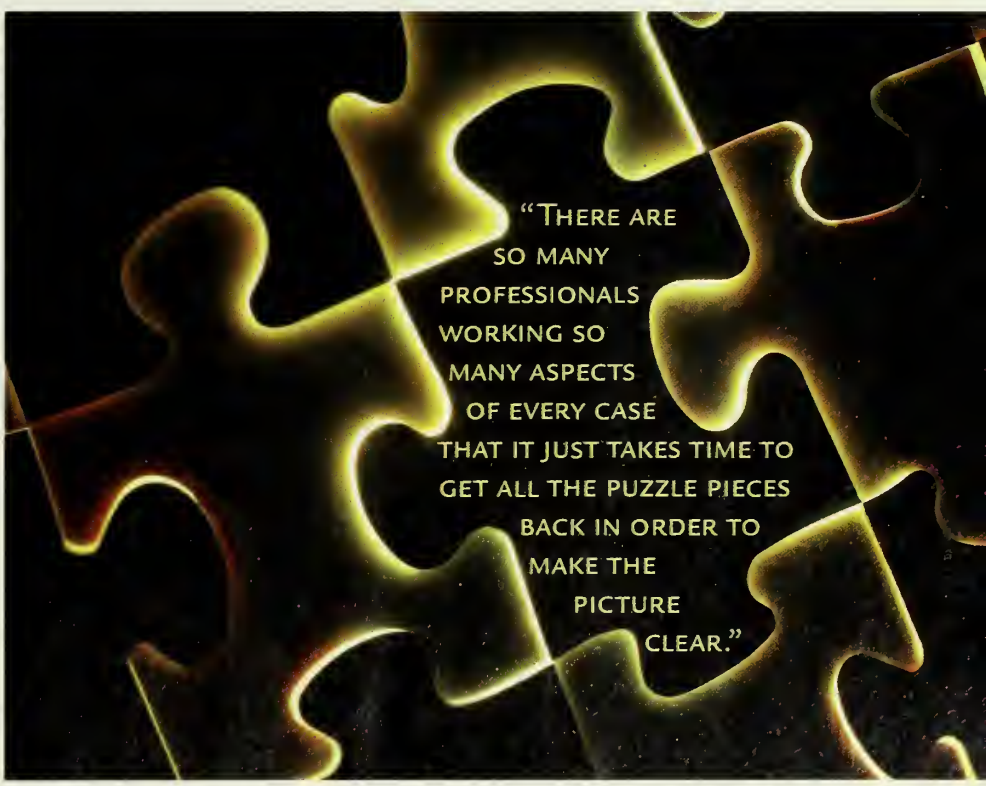
She cites her MCG education – which, in addition to art classes included extensive study in sciences such as pathology and anatomy – as excellent training that she continues to draw on to this day. But her most invaluable on-the-job tool, she says, is patience. "I think as a forensic scientist, you have to look at all aspects of every case, and luckily in the real world, we're not limited by a timetable," she says. "There are so many professionals working so many aspects of every case that it just takes time to get all the puzzle pieces back in order to make the picture clear."

As painstaking as the work often is, it's worth it "when all of the puzzle pieces fall into place and our team can solve the crime," Dr. Craig says. She cites the tremendous satisfaction of providing a family with closure when she helps identify a murder victim whose disappearance went unexplained for weeks, months, years or even decades.

"The human skeleton holds a wealth of information," she explains. "The biological profile of the victim – age, race, sex and stature – can usually be gleaned from careful analysis. There may also be unique features in or on the bones and teeth. If the person died a violent death, there may be direct evidence on the bones."

For instance, her sleuthing helped verify close-range gunfire as the cause of death of Branch Davidian members, rather than smoke inhalation as some suspected. She also helped match a displaced leg to an Oklahoma City bombing victim, belying the theory that the leg might belong to an unidentified co-conspirator.

Although Dr. Craig never loses sight of a victim's humanity, she is a scientist in the purest sense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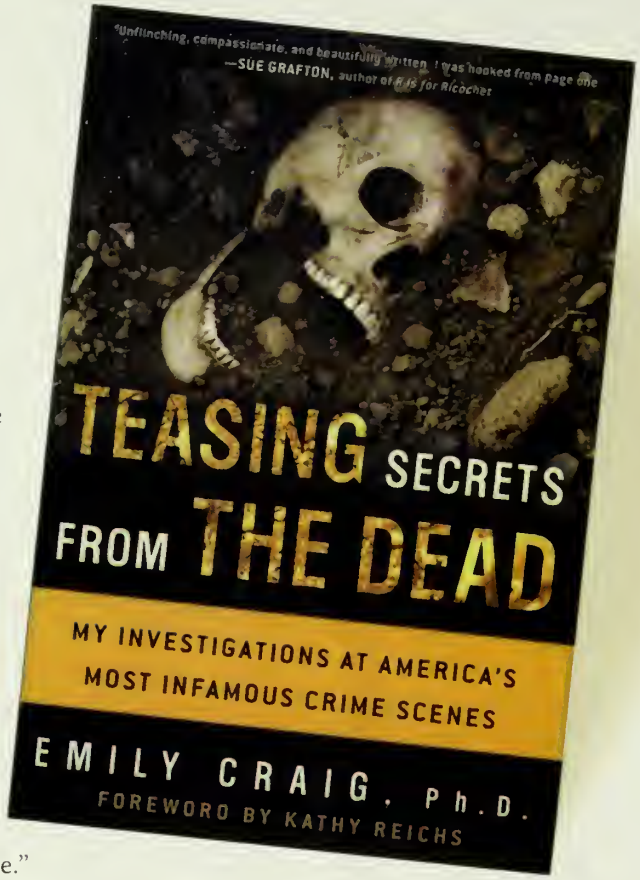
"Unflinching, compassionate, and beautifully written. I was hooked from page one"
—SUE GRAFTON, author of R is for Ricochet
TEASING SECRETS FROM THE DEAD
MY INVESTIGATIONS AT AMERICA'S MOST INFAMOUS CRIME SCENES
EMILY CRAIG, Ph.D.
FOREWORD BY KATHY REICHS

when dispassionately piecing together bone fragments or recreating a set of shattered teeth. "To do this job, I have to be able to put a wall between my brain and my heart," she says. "If I attack the science of the case, and not the specter of the victim's suffering and death, it's much easier to stay objective."

Yet that very objectivity helps her achieve justice for the victim. "I love those cases where it seems someone is on the brink of getting away with murder, and then we find a key piece of physical evidence that makes us want to say 'gotcha!'"

Dr. Craig is bemused that her once-esoteric field is now the fodder of countless crime shows. "For so many years, forensic science was kept secret," she says. "Nobody ever knew what went on behind closed doors. Now, the Pandora's box is open and the public is just insatiable. The only problem is that criminals read the same books and watch the same TV shows as everybody else, so they're learning a lot of our tricks."

It is the public's insatiability that led to a new arm of Dr. Craig's career: book-writing. She was lecturing to a group of mystery writers when a literary agent in the audience suggested that she chronicle her experiences in a book.

"Once I finally figured out what I was doing, about halfway through, it became fun," Dr. Craig says. "It was a lot of work, because I'd never done it before. My learning curve was almost vertical."

The book, *Teasing Secrets from the Dead: My Investigations at America's Most Infamous Crime Scenes*, was published by Crown Publishers in 2004.

She doesn't mind the high-profile aspects of her profession but stresses that the vast majority of her work is decidedly unglamorous. Whether peeling layers of leeches from a discarded corpse, excavating a body from a gravesite or recreating a rib cage from bone fragments to probe a bullet wound, Dr. Craig never flinches in the face of mankind's cruelest impulses.

"I think the chief highlight is the sum of all the little victories, rather than a few spectacular events," she says. "And satisfaction comes most often when a seemingly hopeless mystery suddenly gets solved."

Christine Hurley Deriso

"I LOVE THOSE CASES WHERE IT SEEMS SOMEONE IS ON THE BRINK OF GETTING AWAY WITH MURDER, AND THEN WE FIND A KEY PIECE OF PHYSICAL EVIDENCE THAT MAKES US WANT TO SAY 'GOTCHA!'"

Dr. E. Dan DeLoach

'I'm Very Excited About What the Future Holds'

The swelling didn't worry him at first.

Dr. E. Dan DeLoach could feel an enlarged lymph node in his neck, but he doesn't smoke or have other risk factors that would suggest cancer, so he wasn't overly concerned. Still, there was always a chance....

"As a physician, I knew there was a reasonable risk, and I had to find out what was going on," said Dr. DeLoach, a 1974 Medical College of Georgia School of Medicine graduate who has practiced plastic surgery in Savannah, Ga., for the past 25 years.

Sadly, the news was bad. Dr. DeLoach was diagnosed with squamous cell carcinoma of the throat. But his reaction was characteristically pragmatic. "I thought, gee, I hoped it wasn't cancer, but since it is, it's time to deal with it and move on."

Two years have passed since the radiation and surgery that saved his life. In the meantime, his health and his perspective have taken dramatic turns for the better.

He loves his profession as much as ever – maybe more than ever – but Dr. DeLoach is now intent on fitting R&R into his schedule. "My kids always said, 'Dad, you work too hard,'" says Dr. DeLoach. "After my cancer diagnosis, I decided to slow down and spend more time with my family."

He and wife Cameron, who earned bachelor's and master's degrees from the MCG School of Nursing, raised three sons while Dr. DeLoach cultivated a thriving practice.

"As long as I can remember, I've always wanted to be a physician," he says. "The fulfillment of helping people with deformities is eminently rewarding for me. My original specialty was general surgery, which is dealing with life-and-death issues. In plastic surgery, you're dealing more with quality-of-life issues. That's very appealing to me, helping people be able to live a better life."

He is particularly gratified that the field has evolved so dramatically during his career. "Each case presents its own set of challenges but there's so much we can do for people today," he says. "It's just incredible."

Still, his own health scare was a timely reminder that there are only so many hours in a day. "I think an experience like that can lead to very valuable insights," he says. "I'm a stronger person because of it."

And a more relaxed one. He is still fiercely committed to his profession—including serving as a board member of the Medical Association of Georgia to address issues such as tort reform and insurance problems—but he finds himself enjoying the charms of a coastal lifestyle more than ever before. He also is enjoying watching his sons forge their own paths as they embark on adulthood. "I've always encouraged them to do what they find enjoyable and satisfying," Dr. DeLoach says. "I want them to pursue their dreams, and they're all finding their niches."

Dr. DeLoach and his wife are also eager to leave a lasting legacy in health care. As founding members of MCG's Milton Antony Guild, their generosity will help ensure a margin of excellence in the educational, research and clinical missions of their alma mater.

DR. E. DAN AND CAMERON DELOACH

"MCG provided me with excellent opportunities, excellent teachers and an excellent education," Dr. DeLoach says. "It's a pleasure to give something back to the university."

He is particularly excited about supporting initiatives that promise advances in his field of plastic surgery. "The field is growing by leaps and bounds, and I'm very excited about what the future holds," he says. "The accomplishments thus far have been building blocks that will lead to outstanding, almost miraculous kinds of results for patients in years to come."

Christine Hurley Deriso

The Charitable Lead Trust

Editor's note: Gregory A. Jacobs, senior vice president and regional managing director of financial planning at Wachovia Wealth Management in Atlanta, extensively contributed to the information in this article.

One of the most significant problems facing people with large estates is the huge tax burden of divesting large balances in individual retirement accounts or other qualified retirement plans.

Currently, when an IRA is left to a non-spouse or non-charitable beneficiary (for instance, children or grandchildren), the combined income and estate tax liability can exceed 70 percent. Further exacerbating the problem is the generation-skipping transfer tax if an IRA is left to grandchildren. Without proper planning, the Internal Revenue Service will become the primary beneficiary of a wealthy individual's IRA.

Many strategies address either the income or transfer tax, but very few address both. The charitable lead trust has become more popular in light of low, albeit rising, interest rates. In a low interest rate environment, charitable lead trusts can yield additional assets for families rather than the IRS.

This strategy benefits people over age 59 and a half (the age when you can begin withdrawing from an IRA without penalty) who have significant IRA balances that they don't anticipate needing for retirement. They should also have a net worth that places them in a taxable estate position, which is currently $1.5 million for a single individual and $3 million for a married couple.

This strategy requires contributing all IRA assets to a charitable lead trust. The trust will pay an annuity to a charitable organization during the specified term, and the family of the IRA owner will be the remainder beneficiaries. The trust will make annual or more frequent payments to charitable beneficiaries throughout the annuity term as calculated based on the prevailing IRS interest rate or the two immediately preceding months (4.2 percent is the best rate available as of February 2005). At the end of the annuity term, all remaining assets held inside the trust that have not been used to fund the annuity payments will pass to the IRA owner's family tax-free.

If structured properly, a full charitable deduction will be available for income and gift tax purposes in the year of contribution to the trust. Depending on the IRA owner's overall income tax situation, the deduction generated by the trust contribution may enable him to recapture the entire income tax cost of the lump sum distribution over the five-year carry-forward period allowed for charitable contributions. The full charitable gift tax deduction will result in a zero taxable gift upon formation of the trust, despite the likelihood that assets will eventually pass to family members.

If the trust investment portfolio generates returns in excess of the IRA interest rate in effect when the trust is created, the excess will be available to pass to the IRA owner's family at the end of the annuity term. Today's historically low interest rates provide an excellent opportunity for wealthy individuals to pass additional wealth to their heirs with minimal tax implications.

For more information, contact Tony Duva, director of planned giving, at 800-869-1113 or aduva@mcg.edu.

Information in this article is not intended as legal advice.
For legal advice, please consult an attorney.
Tax laws are subject to change.

Medical College of Georgia
SchoolNEWS
Allied Health
Dentistry
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Spring 2005

MCG to Honor Distinguished Alumni

Homecoming 2004

The Medical College of Georgia's five alumni associations will present awards during the university's April 21-24 homecoming celebration.

The School of Allied Health Sciences Alumni Association will present its Distinguished Alumnus Award to **Andrea Garr Koppelman**, an instructor in the MCG Department of Health Informatics and product manager for McKesson Corp. in Atlanta. Ms. Koppelman, who earned her bachelor's degree in health information management from MCG in 1993, served as health care informatics administrator at North Fulton Regional Hospital in Roswell, Ga., and marketing manager and health care solutions manager for Lanier Healthcare in Atlanta. She joined the McKesson Corp. in 2004.

Ms. Koppelman received the Georgia Health Information Management Association's 2003 Distinguished Service Award.

Dr. John B. Black, president of East Georgia College in Swainsboro, Ga., will receive the School of Graduate Studies Alumni Association's Distinguished Alumnus Award. Dr. Black, who earned a Ph.D. in endocrinology from MCG in 1959, served on the faculty of Augusta College (now Augusta State University) for more than 20 years. He then served as vice president for academic affairs at East Georgia College and at Dalton State College. He was special assistant to the vice chancellor for academic and student affairs in the University System of Georgia before returning to East Georgia College in 2004 as president.

Dr. Black has directed fertility laboratories in Augusta, Macon, Ga., and Charleston, S.C.

The School of Dentistry will present its Distinguished Alumnus Award to **Dr. Logan Nalley Jr.**, an Augusta prosthodontist and assistant clinical professor of prosthodontics at MCG. Dr. Nalley earned his dental degree from MCG in 1978 and completed an MCG prosthodontics residency in 1980. He is a diplomate of the American Board of Prosthodontics, an honorable fellow of the Georgia Dental Association and a member and past president of the Georgia Board of Dentistry.

The School of Medicine Alumni Association will present its Distinguished Alumnus Award for Loyalty to **Dr. Roy Witherington** and its Distinguished Alumnus Award for Professional Achievement to **Dr. John R. Woodard**.

Dr. Witherington, MCG Professor Emeritus of Surgery (Urology), earned his medical degree with honors from MCG in 1953 and completed an MCG urology residency in 1960. He served on the faculty from 1960 until his retirement in 1997. He also had a full-time urology practice in Augusta from 1961-72 and served as president of the Georgia Urological Association from 1967-68.

He received the American Urological Association's 1997 Gold Cane Award and the American Medical Association's 1997 Physician's Recognition Award.

Dr. Woodard, who earned his medical degree from MCG in 1957 and completed a pediatric urology fellowship in New York Hospital-Cornell Medical Center, retired in 1999 after serving as director of pediatric urology at the Emory University School of Medicine in Atlanta and as chief of urology at Egleston Children's Hospital at Emory. He also held faculty appointments at Mercer University in Macon, Ga., and the University of West Indies in Kingston, Jamaica.

He is a past president of the Georgia Urological Society and the Society for Pediatric Urology.

The School of Nursing Alumni Association will present its E. Louise Grant Award to **Shelby J. Lacy** and its Phoebe Kandel Rohrer Award to **Dr. Kathryn Nightingale Hannah**.

Ms. Lacy, who earned bachelor's and master's degrees in nursing from MCG in 1967 and 1996 respectively, is the manager of health education at Athens Regional Medical Center in Athens, Ga. She has served as president of the 11th District of the Georgia Nurses Association and chair of the Clarke County Board of Health. In 1991, she helped establish The Nurses' Clinic, which provides health care to the uninsured three days a week.

Dr. Hannah, who earned bachelor's and master's degrees in nursing in 1975 and 1976, respectively, is a senior health information management consultant and adjunct professor of community health services at the University of Calgary in Alberta, Canada. She earned a Ph.D. from the University of Alberta in Edmonton, Alberta and has over 20 years of experience in developing and implementing information management plans in integrated health services delivery organizations.

School of Allied Health Sciences

Alfonzo Graham *(respiratory therapy, '88)* has been named director of cardiopulmonary services at Lake Norman Regional Medical Center in Mooresville, N.C. He has 16 years of clinical and management experience in respiratory care. He also has a dual master's degree in business and health administration from Pfeiffer University in Charlotte, N.C., and a bachelor's degree in biology from Francis Marion University in Florence, S.C.

School of Dentistry

Dr. Robert L. Waugh *('87)*, Athens, Ga., has a full-time orthodontics practice, Waugh & Allen, Associates in Orthodontics, and is an assistant professor in MCG's orthodontics residency program. He was recently the first orthodontist to address the annual Symposium of the World Clinical Laser Institute, held Jan. 21-23 in San Diego. He is a member of Omicron Kappa Upsilon and is board certified by the American Board of Orthodontics. He is a past president of the Georgia Association of Orthodontists and the Clarke County Dental Society. He recently was inducted into the American College of Dentists.

School of Medicine

Dr. James L. Bland *('60)*, Aiken, S.C., has been elected to the American Society of Bariatric Physicians Board of Trustees. Dr. Bland is a diplomate of the American Board of Bariatric Medicine and in addition to his medical degree holds a law degree from the University of South Carolina School of Law. He is a fellow of the American College of Legal Medicine and a member of the South Carolina Medical Association.

Dr. James C. Gray *('76)* has begun providing primary health services at the Macon County Health Department in Lafayette, Tenn. He is board certified and a fellow of the American College of Obstetrics and Gynecology. He was in private practice in obstetrics and gynecology for 24 years in Cookeville, Tenn. He is an adjunct faculty member at the Tennessee Tech School of Nursing and enjoys gardening, computers, fishing and volunteering for First United Method Church.

Obituary

Dr. William Hollingsworth Oglesby *('65)* died Oct. 21 at age 72. Dr. Oglesby's career began with a general practice in the Highlands-Cashiers area of North Carolina. He then moved to Tifton, Ga., where he practiced general medicine and established the first 24-hour emergency room service at Tift General Hospital. Survivors include wife Frances Girtman Oglesby, five children, five grandchildren and a brother.

School of Nursing

Mary Jane Welborn Hamilton *(B.S.N., '60)* has been named dean of the Texas A&M University-Corpus Christi College of Nursing and Health Sciences. Her goals include creating a doctoral program, addressing the shortage in the nursing field and increasing private funding for technology, facilities and student aid.

Katie Nordholz *('02)* is a pediatric and neonatal intensive care nurse at New York Presbyterian Hospital at Cornell and plans to become a nurse anesthetist.

Rebecca K. Hodges *(M.S.N., '03)* and **Kitty M. Garrett** *(B.S.N., '80 and M.S.N., '01)* have published their first book as lead editors, along with MCG faculty Cynthia Chernecky and Lori Schumacher, titled *Hemodynamic Monitoring*. Faculty member Richard Haas and nursing anesthesia graduate Lee Dorman wrote the chapter titled *Mixed venous oxygenation monitoring*.

See You at Homecoming

Don't forget your annual chance to rekindle friendships, share memories, make new friends and witness the Medical College of Georgia's progress up close during the university's 2005 homecoming celebration April 21-24.

Activities are scheduled for alumni, faculty, students and friends in all five schools. A brochure with a schedule and registration form has been mailed to alumni. For more information, contact Scott Henson, MCG alumni affairs director, at 706-721-4416.

Attention, Alumni

Please keep us posted on personal and professional achievements by dropping us a line. Remember to include your degree, class year and contact information. Also, please let us know if your address has changed. Send information to:

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Medical College of Georgia
AlliedHealth NEWS
Spring 2005

School of Allied Health Sciences Forms Practice Group

The Medical College of Georgia School of Allied Health Sciences has formed the Allied Health Practice Group, Inc. to provide a convenient pathway for faculty to provide clinical service.

The non-profit organization, recently approved by the University System of Georgia Board of Regents, allows School of Allied Health Sciences faculty members to create practices and contracts with health-related organizations to provide clinical service.

"The creation of this practice plan will greatly enhance our school on a number of fronts," according to Dr. Shelley Mishoe, dean of the School of Allied Health Sciences. "It will enable our faculty to maintain cutting-edge knowledge and skills; it will enhance education as the faculty bring those skills back to the classroom and train students at their practice sites; it will complement MCG's mission of improving wellness and reducing the burden of illness in society; and it will provide sources of revenue to enhance salaries, making them more competitive to recruit and retain the highest-quality faculty."

The School of Allied Health Sciences has departments of Biomedical and Radiological Technologies, Dental Hygiene, Health Informatics, Medical Illustration, Occupational Therapy, Physical Therapy, Physician Assistant and Respiratory Therapy.

"Many of these disciplines have employee shortages throughout the state, so the program can also bolster the workforce in vital areas of health care," said Dr. Carol Campbell, associate dean of business operations in the School of Allied Health Sciences and chair of the school's Department of Health Informatics.

The practice plan will begin July 1, overseen by a board including Dr. Mishoe, Dr. Campbell and MCG President Daniel W. Rahn. Elizabeth Wark, assistant professor of physical therapy, will serve as president of the Allied Health Practice Group.

For more information, contact Dr. Campbell at 706-721-3436 or visit www.mcg.edu/sah.

Occupational Therapy Faculty Named to Posts

Two Medical College of Georgia faculty members have been named to the editorial board of the *American Journal of Occupational Therapy*.

Dr. Kathy Bradley, chair of the MCG Department of Occupational Therapy, and Dr. Mariana D'Amico, an assistant professor in the department, have been named to three-year terms on the board.

Dr. Kathy Bradley

Dr. Bradley, who earned bachelor's and master's degrees from MCG and a doctorate in education from the University of Georgia, conducts research in fields including cognitive rehabilitation, distance education, balance and vestibular impairments and occupational therapy issues with older adults.

Dr. D'Amico earned bachelor's and master's degrees in occupational therapy at New York University and Eastern Kentucky University respectively, and a doctorate in education from Spalding University in Louisville, Ky.

The *American Journal of Occupational Therapy*, published by the American Occupational Therapy Association, features advancements in occupational therapy, a health care discipline that helps people achieve independence in all facets of their lives.

Also, Dr. Ricky Joseph, assistant professor of occupational therapy, has been named an interdisciplinary educator for teams working with clients with Parkinson's disease for the National Parkinson Foundation, and Dr. Bradley has been named a consultant to help facilitate the success of interdisciplinary health care teams working with Parkinson's clients.

Occupational therapy services include treatments to improve daily activities; comprehensive home and job site evaluations with adaptation recommendations; performance skills assessments and treatment; and guidance to family members and caregivers. MCG's Department of Occupational Therapy is housed in the School of Allied Health Sciences.

MCG Hosts Sensory Integration Courses

Dr. Susan Stallings-Sahler

The Medical College of Georgia Department of Occupational Therapy and Los Angeles-based Western Psychological Services are sponsoring four courses leading to certification in sensory integration evaluation and treatment.

The first course, "The Sensory Integration Perspective," was coordinated by Dr. Susan Stallings-Sahler, an MCG professor of occupational therapy, and drew professionals worldwide.

The second course, "Assessment of Sensory Integration Dysfunction," will be held at MCG April 14-18. "Interpretation of Sensory Integration Assessment Data," will be held July 7-11 and "Treatment of Sensory Integration Disorders" will be held Aug. 11-14.

"Certification in sensory integration has been around for more than 30 years, but this is the first time the course series has been held in Augusta," said Dr. Stallings-Sahler. "The offering is part of an ongoing initiative to enhance the level of practice among occupational therapy practitioners in Georgia."

For more information, contact Dr. Stallings-Sahler at 706-721-3641.

Law School is Next Step for Health Informatics Student

When Christine Shaffer started pondering career choices a few years ago, she had no idea there was a field almost tailor-made for her unlikely combination of interests.

"I love law, health care and computers," says Ms. Shaffer, a senior in the Medical College of Georgia Department of Health Informatics.

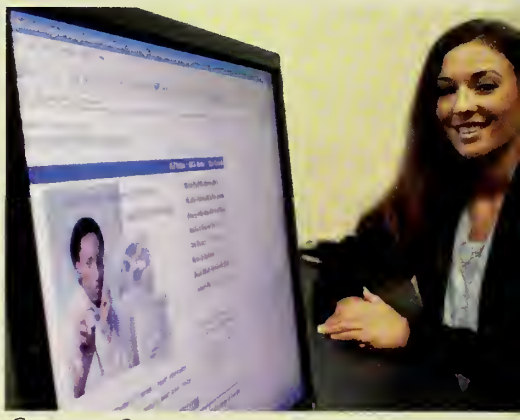
She assumed she would have to narrow her choice to a single discipline. But when working as a receptionist for an anesthesia billing company while completing undergraduate coursework at Augusta State University, she learned differently.

"I found out that in health informatics, I could stay involved in all three areas," she said of the discipline that optimizes information technology to improve health care.

"There is a great demand for health information administrators throughout the country," said Dr. Carol Campbell, chair of the MCG Department of Health Informatics, housed in the School of Allied Health Sciences. "This is one of the most versatile, challenging and exciting career paths available to people who want to improve health care on a large scale."

Health information administrators interact with medical, financial and administrative staff to interpret data for patient care, research, statistical reporting and planning. They also protect the privacy of health information.

Ms. Shaffer, a native of Appling, Ga., enrolled in the MCG program in 2004. Her excellent grades and extensive community service earned her an American Health Information Management Association Scholarship.



Christine Shaffer

"The program has truly exceeded my expectations," she says. "I've never been in a college setting with such much-one-on-one faculty attention. It really makes the experience unique."

When she earns her bachelor's degree in health informatics this spring, she will move on to the next leg of her career: law school. Ms. Shaffer has earned a scholarship to the University of South Carolina and will begin law school this fall. "But first," she said with a laugh, "I'm going to Disney World. I know it's going to be a long, hard three years, so I'm going to have a nice vacation with my family."

With the combination of her MCG training and her law degree, "I'll be able to pursue one of the newer roles in health information administration," she said. "There are a wide variety of options – risk management, compliance, consulting – but whatever I do will combine the two fields, along with my love of computers."

For more information about the MCG Department of Health Informatics, call the department at 706-721-3436, the MCG Office of Academic Admissions at 706-721-2725 or visit www.mcg.edu/careers/hiadmin.htm.

Christine Hurley Deriso

Medical College of Georgia
DentistryNEWS
Spring 2005

Clinic Reaches Out to Neediest Citizens

They knew at a glance they'd have their work cut out for them, but a closer examination revealed even more damage than they initially suspected.

A patient who visited the Tri-County Health System in early February for one of the few dental visits of her life had irreparable tooth decay. Her only option was to have every tooth extracted and to be fitted for a complete set of dentures. She is 32 years old.

It's a sad story, but not atypical for the Medical College of Georgia School of Dentistry students and faculty who staff the dental clinic at Tri-County Health System in Warrenton, Ga., a rural town approximately 50 miles west of Augusta.

"This clinic has really made me aware of the need for better access to dentistry," said Brian Babb, a senior in the MCG School of Dentistry.

The dental school began staffing the clinic two years ago and has since provided approximately 2,500 dental services to some 2,100 patients, according to Dr. Richard S. Callan, MCG professor of oral rehabilitation.

Over half of the patients are uninsured, and about a third have Medicaid. Patients are charged on a sliding scale, and many would have no other source of dental care without the clinic. The faculty and volunteer dentists oversee treatment delivered by juniors and seniors in the dental school, whose service encompasses a portion of their clinical education. Travel expenses are partially defrayed by Georgia's Area Health Education Consortium.

"Access to dental care is very limited in this area, so our students are meeting a real need," said Dr. Carole Hanes, associate dean for students, admissions and alumni in the MCG School of Dentistry. "This collaboration has been mutually beneficial. The students treat patients in a rural environment and gain meaningful experience, and the patients receive the oral health care they need."

The dentists and students man the clinic Monday through Thursday and treat up to 18 patients a day, including emergency visits. Education is a large component of the service they provide.

"Some of the people we see don't know how to take care of their teeth," said Brett Langston, a senior in the MCG School of Dentistry. "Education goes a long way in preventive care."

"It can be very sad," said his classmate, Aaron Larsen. "Some of the needs are really extensive. We take a comprehensive approach and try to reach out to the whole community. It's particularly important to provide information to parents so they'll be in a position to get their kids off to a good start in oral hygiene."

They also emphasize health topics such as nutrition that can contribute to oral health problems. "This is another area that's important to cover with parents, so children aren't doing things like drinking sugar water out of a bottle," said Brian.

Dr. Robert Comer, an MCG professor of oral diagnosis/patient services and oral rehabilitation who oversees the students' treatment in the clinic on Thursdays, calls the current crop of MCG students a particularly talented and dedicated group. "These students have a lot of confidence and excellent communication skills," he said. "They make the patients comfortable and make sure they have the information they need. And working with them in this environment gives me a chance to get to know them better, which is a pleasure."

STUDENTS DELIVER DENTAL CARE AT TRI-COUNTY HEALTH SYSTEM.

Dr. Hanes said she hopes the experience will lure some dental students to rural areas after they graduate. "Our hope is that this will encourage some of our students to consider rural practices in underserved areas," she said. "We've already had some success: a 2004 graduate works in a small clinic in Gibson, Ga."

"It's very fulfilling work, particularly when the people who come in are in a lot of pain because their dental care has been neglected for a long time," said Brett. "It's a big relief to be able to meet their needs."

Christine Hurley Deriso

Smiles Abound During 'Give Kids a Smile Day'

"Why do teeth turn yellow?"

"What causes a toothache?"

"Will I need false teeth when I get old?"

"Will a dentist make me cry?"

These were just a few of the questions asked by Lamar Elementary School students during their Feb. 4 visit to the Medical College of Georgia School of Dentistry on Give Kids a Smile Day.

The Richmond County students were bused to the dental school for free treatment, oral hygiene tips, talks from local dignitaries (including the Tooth Fairy) and tooth-friendly goodie bags.

"Look at my wife's beautiful smile," Augusta-Richmond County Mayor Bob Young said when introducing his wife, Gwen Fulcher Young, to the schoolchildren. "Do you know why her smile is so beautiful? Because she brushes and flosses. If you take good care of your teeth, you'll have a beautiful smile your whole life, even when you're as old as the mayor."

MAYOR BOB YOUNG DISCUSSES THE IMPORTANCE OF ORAL HYGIENE.

The children's visit coincided with hundreds of Give Kids a Smile Day activities nationwide sponsored by the American Dental Association and Crest Oral Health Care to enhance access to dental care.

MCG dental and dental hygiene students and faculty, plus volunteer dental health practitioners throughout Georgia, provided treatment and oral health education during the visit. Connie Larson, a dental hygienist from Blairsville, Ga., dressed as the Tooth Fairy and distributed Tooth Fairy pillows donated by the Georgia Dental Alliance.

"So many people worked hard to make this day a success," said MCG School of Dentistry Dean Connie Drisko. "This is a big day for children and children's oral health."

In addition to getting their teeth cleaned, having sealants applied and having cavities filled, the children participated in several fun activities aimed at improving their oral hygiene skills. When dental hygiene student Misty Patrick explained the need for sealants, a fourth-grader asked her if getting the sealants would make her cry. "No. You won't feel a thing. The dentist never makes me cry, and I cry really easily," Misty teased.

When another child asked if dentures loomed in her future, Misty assured her, "If you take good care of your teeth, you'll keep them your whole life."

Marie Collins, chair of the MCG School of Allied Health Sciences Department of Dental Hygiene, noted that many of the visiting children lack regular dental care and could greatly benefit from the treatment and education. "They're starting to get their permanent teeth, so sealants and other preventive measures can have lifelong benefits," she said.

Dr. Shelley Mishoe, dean of the School of Allied Health Sciences, agreed. "This is such a rewarding way to share our expertise with the community," she said.

Christine Hurley Deriso

Founding Dean's Wife Establishes Endowment

Jean Hickey, the widow of founding Medical College of Georgia School of Dentistry Dean Judson C. Hickey, has donated $10,000 to establish a scholarship endowment for the school.

The endowment will fund an annual Judson C. Hickey Scholarship for an MCG dental student. The first scholarship will be awarded next fall.

"The students were foremost on his mind," said Mrs. Hickey about her husband, who died Oct. 24. "He would like this way of helping them with their educations."

Dr. Hickey served as dean of the dental school from 1966-87 and as MCG interim president from 1987-88.

"The School of Dentistry will always honor and cherish the contributions Dr. Hickey made to the dental profession and in establishing this outstanding institution," said MCG School of Dentistry Dean Connie Drisko. "We hope the endowment will grow to become the flagship scholarship fund at the school. It's already off to a great start."

For more information about the endowment or to make a contribution, please contact Dale Crail, director of development for the School of Dentistry, at 706-721-8614.

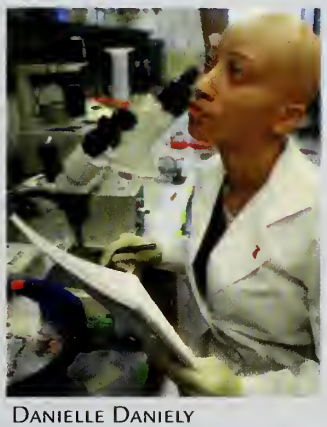
DR. JUDSON C. AND JEAN HICKEY

Medical College of Georgia
GraduateStudiesNEWS
Spring 2005

STAR Leads the Way to Research

The light from a unique star lit the career path for Danielle Daniely.

After participating in the Medical College of Georgia's STAR (Student Training And Research) Program, an intensive 10-week exploration of a career in biomedical science, a doctorate was clearly her next goal.


DANIELLE DANIELY

In 2003, the Macon, Ga., native was a junior at Paine College when she heard about the STAR program from its director, Dr. Patricia Cameron.

"I was leaning more toward medical school and I figured if I did the STAR Program, I would know by the end – and I did," says Danielle, now a first-year physiology student at MCG. "This was the best choice for me. If I do decide to go to medical school, I'll feel better about it having a background in the graduate program."

Danielle was accepted into several graduate programs nationwide but chose MCG largely because of her STAR experience. She found her summer mentor, Dr. Clinton Webb, chair of the Department of Physiology, through the program's online profile of participating faculty.

"Dr. Webb made it really easy to ask questions, and I had a lot of questions," says Danielle. "He put responsibility on me for the first time to do something I had never done before. And I saw myself perform in a way I didn't think I could before."

A fourth of STAR graduates go on to enroll at MCG, according to Dr. Cameron, who also serves as assistant dean for recruitment and admissions in the School of Graduate Studies.

"Our goal is to get talented students into graduate school," says Dr. Webb. "Students who come through this program are competitive and they're applying to major graduate programs across the country. This gives them a chance to learn more about MCG. I think we're really lucky to have the STAR Program."

The program evolved from a program called SMURP (Summer MCG Undergraduate Research Program) that began in 2000. STAR workshops, discussion groups and laboratory demonstrations not only give students a closer look at biomedical research but "increase their academic, intellectual and emotional maturity," says Dr. Cameron.

Danielle agrees. "Some people will find that this is not for them, and that's a good thing to find out early. [But] if you have a spark for research, it will grow in this program."

"Our goal is for participants to leave with an understanding of their personal contribution to a particular laboratory project as well as with a comprehensive understanding of the broader scientific research area," says Dr. Cameron.

Participants prepare a scientific paper and present their research at the end of the session. Danielle says the challenges of conducting experiments, compiling data and working under a deadline prepared her well for graduate life.

"Trying to complete all these experiments back-to-back to get enough data was rough, but it was an enriching experience," she says. "At the end, I think I wrote a pretty good paper. Now, in the lab, you see that everybody has deadlines, back-to-back-to-back."

For more information about the MCG STAR Program, visit www.mcg.edu/GradStudies/STARHome.

Ellen Gladden

Ms. Christiano Named Director

MICHELLE CHRISTIANO

Michelle Christiano, interim director of the Office of Clinical Trials Compliance at the Medical College of Georgia since August 2004, has been named director.

The office, established in 1997, oversees all clinical research at MCG, MCG Health System and Augusta's Veterans Affairs Medical Center.

The office reviews clinical studies and provides education and training for everyone involved in clinical research, from researchers to study coordinators to support staff. The office also provides administrative support for MCG's Institutional Review Board, which reviews and approves clinical trial protocols.

Mrs. Christiano joined the Office of Clinical Trials Compliance in 1997 as compliance coordinator for the Institutional Review Board.

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She served as assistant director of the office in 2000-04, including a year as interim director.

She has served as MCG's human protections administrator for the Office of Human Research Protections of the Department of Health and Human Services since 2001 and is a 1989 graduate of Augusta Technical Institute. She will complete her undergraduate degree in management from Augusta State University this summer, then begin graduate school. She is certified as a clinical research coordinator and an Institutional Review Board professional and manager.

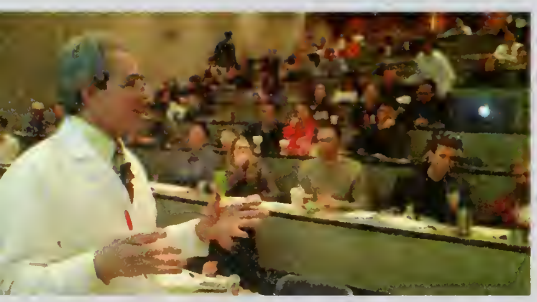
She is a member of the National Association of Institutional Review Board Managers, the Applied Research Ethics National Association and the Association of Clinical Research Professionals.

Courses Refine Communication Skills

Ask scientists how they developed the communications skills involved in research – grant-writing, developing an abstract, making a presentation – and often the answer is, "There was no class for this, so we learned by the seat of our pants," says Dr. Edward Inscho, Medical College of Georgia professor of physiology. "When you do that, there are lots of mistakes."

The School of Graduate Studies recently developed two courses to help young scientists avoid those mistakes.

The courses – Scientific Communications, required for first-year Ph.D. students, and Scientific Grant Writing, an elective for second-year students – teach skills researchers have traditionally developed on the job, says Dr. Gretchen Caughman, associate dean in the School of Graduate Studies. Coursework includes instruction on writing a curriculum vitae, identifying funding agencies, networking at scientific meetings and preparing lecture materials.



Dr. Edward Inscho

"It's never too early to start learning the scientific communications skills these courses offer," says Dr. Caughman. "Many similar programs across the nation are recognizing the benefits of having a formal course for these skills, but I think we are leading the way by providing them to students in their first year as required curriculum."

The scientific communications course, introduced in 2002 and taught by Dr. Inscho, evolved from a larger, combined course on scientific communication and research ethics developed by Dr. Lowell Greenbaum, Dean Emeritus of the School of Graduate Studies. Dr. Matthew Kluger, Dr. Greenbaum's successor, teaches the ethics component in a separate course called Responsible Conduct of Research.

"With both of these areas, you could pick up the skills from your mentor over time, but a class is a much more efficient means of delivering that information in a non-threatening way," says Dr. Caughman.

Introduced in 2003, the grant-writing course is led by Dr. Mike Brands, professor of physiology, and co-directed by Dr. Wendy Bollag, professor of medicine in the Institute of Molecular Medicine and Genetics. Ron Geller, former director of extramural affairs at the National Institutes of Health, presents a guest lecture, and MCG faculty members lecture on specific areas of grant-writing and present former grant applications for a mock review session.

"What's remarkable is how professionally the students act," says Dr. Brands. "Without ever having done a review session before, they really take it seriously and argue the score. They are amazed that they can spend months working on the grant and its fate is decided in 10 minutes."

Both courses cover how to write concise research summaries, a skill the course directors remember agonizing over early in their research careers.

"The first abstract I wrote took me two or three weeks and I was terrified," says Dr. Inscho. "I'd give it to my advisor and he'd tear it all up and I'd start again. You don't get these skills all at once, but if you've been told early, there's a better chance you'll take advantage of your opportunities."

"I think it just takes practice," says Dr. Brands. "The first NIH grant I wrote got a horrible score. I had no practice and was afraid to share it with anyone. You have to get used to asking your colleagues for feedback, getting comments and rewriting."

Feedback suggests that students appreciate the experience. "... The faculty put an extreme amount of thought and work into the planning and execution of the course and ... invested much in helping the students succeed," wrote a student of the fall 2004 grant-writing class. "From corresponding with successful predoctoral candidates across the country, [I know] this is an opportunity that not all Ph.D. students have. It was an experience that I feel privileged to have had."

Ellen Gladden

Medical College of Georgia
MedicineNEWS
Spring 2005

Brain Tumor Board Takes Team Approach

The scenarios are staggering.

A previously healthy man in his 40s develops leg weakness. Doctors suspect a stroke until a follow-up magnetic resonance image scan shows two large and likely connected masses in his brain.

An 18-year-old has had glioblastoma multiforme, the most common and malignant brain tumor in adults, for more than 18 months. Most patients die within a year of diagnosis of this aggressive tumor that attacks the glia or support cells of the brain. With surgery, Gamma Knife treatments, radiation and chemotherapy, this young man and his doctors have negotiated a one-year truce with the tumor. The question for the group of experts gathered on a recent Friday morning is what's next.

"Every case that we present here is for management decisions," says Dr. Alfredo D. Voloschin, neuro-oncologist at the Medical College of Georgia. He runs down the list of five patients presented at the Brain Tumor Board meeting recently, all in their 40s except the 18-year-old. There are more experts gathered than there are patients to discuss: Dr. Voloschin, neurosurgeons Mark Lee and John Vender; neuropathologist Richard B. Hessler; neuroradiology fellow Ajay Panchooy sitting in for Dr. Ramon E. Figueroa; radiation oncologists John T. Barrett and W. Chris Sheils; the omnipresent residents and students.

"It's fantastic," Dr. Lee, chair of the Department of Neurosurgery, says after the meeting. "This is what all tumor programs do: have a multidisciplinary conference with different areas of expertise and it all comes together for the right plan for the patient."

Dr. Lee had just this in mind when he recruited Dr. Voloschin last August as the first MCG neurologist to have a primary appointment in neurosurgery. The new subspecialist – who recently completed clinical research and clinical fellowships in neuro-oncology at Massachusetts General Hospital/Harvard Medical School and a neurology residency at the University of Miami – is a critical player in neurosurgery's expansion into tumor treatment.

"When you think about brain surgery, what do you think about? Brain tumors," says Dr. Lee. "One of our flagship programs needs to be in cancer."

Dr. Lee works with Dr. Voloschin and the others to treat patients before and after surgery. The

Dr. Alfredo D. Voloschin

department is recruiting a surgical neuro-oncologist to join the brain tumor team, further advancing patient care and clinical trials. Next will be a basic scientist in neuro-oncology to help develop new brain tumor treatments. Recently operational is the MCG Department of Pathology's molecular neuro-oncology lab where cutting-edge tests are assessing chromosomal changes in tumor samples obtained on biopsy to better assess a patient's prognosis and treatment.

Dr. Voloschin says being the only neurologist in a department of brain surgeons – he also has a joint appointment in the MCG Department of Neurology – is ideal. "It goes to exactly what we are building," says the man who initially chose neurology, "because it's full of mysteries and has many difficult to diagnose problems ... so it's an obvious area for research and understanding the unknown."

Then he found a mystery that slightly altered his plan.

That mystery, called paraneoplastic neurologic syndromes, or PNS, oddly has nothing to do with brain tumors but plenty to do with what can happen when neurology and oncology meet.

PNS is an autoimmune process in which the neurological system gets caught in the friendly fire of the immune system trying to fight a small, asymptomatic cancer, says Dr. Voloschin.

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The aggressive immune response causes a rapid onset of a wide spectrum of symptoms, such as forgetfulness, numbness or tingling, difficulty walking, uncontrolled movement of the eyes or limbs, even anxiety. PNS is often misdiagnosed as anything from multiple sclerosis to Alzheimer's to any number of purely neurological problems.

Properly diagnosed, the syndromes are an early warning system of cancer. Sometimes the neurological symptoms improve or even disappear when the cancer is treated. Often, short-term use of high-dose steroids may be needed to squelch the neurological attack. Sometimes the damage is permanent, for instance when the target is the cerebellum that helps control coordination and movement.

People who have PNS are likely among the some 10 percent of cancer patients who usually do better than their peers, says Dr. Voloschin.

In their body's aggressive cancer fighting-response, he is looking for clues that may help many more patients do better.

"If you have two patients who are the same age, same type of cancer, everything the same medically speaking, one may still do much better than the other. We don't know why. Every (theory) is valid because we don't know the answer."

Cancers associated with PNS include small cell lung cancer, breast and ovarian cancer, Hodgkin's disease, colon cancer, testicular cancer and, less frequently, melanoma and malignant thymoma, among others.

PNS happens when the immune system identifies a target, called an antigen, on a cancer. "When the immune system detects and attacks the cancer, it does a cross reaction, if you will, some sort of friendly fire, attacking the brain and other parts of the nervous system as well," Dr. Voloschin says.

Identifying the natural, powerful anti-tumor substance is his goal. Eliminating its misguided attack on the neurological system is his dream.

He suspects cytokines, which modulate the immune response, as the culprits. He's designed a pilot study comparing the blood and cerebral spinal fluid of cancer patients with and without PNS. Dr. Joseph Dalmau, a PNS expert at the University of Pennsylvania, will help provide cases and control samples. Dr. Helene Rosenberg at the National Institutes of Health, an expert on cytokine assays, will analyze patient samples.

"All this is extremely preliminary," he says. "But if we find any correlation, the next step is to go into full basic science research trying to isolate the substance and reproduce the disease in an animal model that we can study," pulling in the basic scientist Dr. Lee plans for the expanding brain tumor team.

More immediately, Dr. Voloschin is beginning four clinical trials, including studies to help improve the still-dismal prognosis of the common glioblastoma multiforme. "We are building a stronger team," he says. "We want to advance the treatment of brain tumors and help patients get back to their lives."

Toni Baker

Student Gives Voice to Victims of Assault

FATIMA CODY STANFORD

Fatima Cody Stanford wants the silent cries of rape victims to be heard by their physicians.

"Only 10 percent of all rapes are ever reported to the police or anyone else. It has been called the most under-reported crime in the United States," said the Medical College of Georgia School of Medicine student who has a master of public health degree in public health policy and management from Emory University.

"We know that one out of three women is sexually assaulted and one out of four women is the victim of a rape, or an attempted rape, at some time in their life," she said, citing statistics from the National Sexual Violence Resource Center. "Sexual assault also happens to one in six men, typically before they reach age 18, but those are reported even [less frequently] than female cases."

Fatima, who worked for two years in the Metro Atlanta DeKalb Rape Crisis Center, has developed numerous presentations on sexual assault awareness and served as a literature consultant for the National Center for Victims of Crime. In January, she took her expertise to the American Medical Women's Association conference to help physicians recognize and treat the physical and emotional wounds of assault victims.

"Women who are the victims of rape are more likely to experience a range of psychological and physical symptoms as a result of the rape – stress-related illnesses, depression, insomnia, anger, gastrointestinal problems, chronic pain – and some of those problems can last for years after the rape," said Dr. Amy House, assistant professor in the MCG Department of Psychiatry and Health Behavior who specializes in post-traumatic stress disorders.

"Men are much less likely to come forward for help because there is often more shame associated with their sexual assault. Consequently, there is very little research to tell us exactly what their reactions and [symptoms] are," said Dr. House.

Fatima's presentation during the Jan. 27-30 conference in Washington, D.C., included statistics about sexual assault and contact information for victims' advocacy agencies.

For the predominantly female physicians and medical students in attendance, Fatima stressed "that assault is a common issue that happens with both their male and female patients. I want them to know how to handle these patients, how to refer them to support groups and therapy sessions and help them realize that there is life after an assault has occurred."

The 25-year-old Atlanta native is passionate about the subject, in part because she's had several friends and acquaintances share their sexual assault experiences.

"I also felt I needed to do this presentation because, prior to medical school, I attended several sexual violence conferences where more than 500 advocates would be in attendance, and often, only one of those was a physician," said Fatima. "This was disturbing because a lot of times, the physician is the first person a victim will open up to. Physicians need to be educated on how to be advocates for sexual assault survivors."

Ellen Gladden

Dr. Hames, Epidemiology Pioneer, Dies

Dr. Curtis Gordon Hames Sr., a 1944 graduate of the Medical College of Georgia whose epidemiological research revolutionized the understanding of health patterns in the Southeast, died Jan. 6 in Savannah, Ga.

Dr. Hames practiced medicine from 1947-88 in Claxton, Ga., treating as many as 60 patients a day. In the mid-1950s, he began an epidemiologic study of Evans County residents that attracted international attention from the scientific community. The National Institutes of Health funded the Evans County Heart Study from 1958-95, allowing Dr. Hames to become a pioneer researcher studying patients within their environment.

His data led to over 560 published papers in major medical journals worldwide on subjects including heart disease, genetics, cancer, hypertension, stroke, pesticide pollution, neurohormones and psychological determinants of disease, immunology, viruses and the effects of social interaction on disease. It was one of the first studies to show the protective value of HDL cholesterol and the possible impact on the absence of certain trace elements in the diet of coastal residents. The study became the model for many other family practice community-based research projects, including most recently HamesNet, created by the MCG Department of Family Medicine and named in his honor.

The Society of Teachers of Family Medicine established the Curtis G. Hames Research Award in Family Medicine. The award, supported by MCG's Hames Endowment, is given annually to individuals whose careers exemplify dedication to research in family medicine.

Dr. Hames was an MCG clinical professor of family medicine and a clinical professor in the University of North Carolina School of Public Health Department of Epidemiology. He was a visiting clinical professor in the Medical University of South Carolina Department of Family Medicine, an adjunct professor of family medicine at Mercer Medical School and an adjunct professor in the Georgia Southern University School of Health and Professional Studies.

His honors throughout his career included the Medical Association of Georgia Lamartine Griffin Hardman Cup, the Albert Lasker Special Public Health Award and the John D. MacArthur Foundation Fellowship Award. MCG established the Curtis G. Hames Chair in Family Medicine in his honor, and Georgia Southern University established Curtis G. Hames Scholarships in Nursing.

Dr. Hames received a doctor of science degree from Emory University in 1991 and a doctor of medical science degree from the Medical College of South Carolina in 1996. He was past president of the Georgia Heart Association, a fellow of the American College of Cardiology, a member of the American Medical Association and a trustee of the MCG Foundation, Inc.

Survivors include wife Betty, two sons and a granddaughter.

Sports Lay Groundwork for Medical Career

This spring, Jill Razor has many balls in the air: planning a wedding, graduating from medical school and starting residency training in ophthalmology.

But Jill's life has always been about juggling, dribbling and fast breaks toward the goal, so there's no anxiety in the smiles of this 25-year old Medical College of Georgia student.

Jill became immersed in hoops at an early age. "I think I played in my first game in first grade," says the fourth-year medical student. "My dad would take me to the gym to work on fundamentals and practice shooting."

In high school, Jill made several slam dunks in the state record books, scoring over 3,399 points for the Athens Academy Spartans in Athens, Ga. During her sophomore, junior and senior years, the team had an 80-5 record, and she was named to USA Today's High School All American Honorable Mention list each of those years.

During her senior year in1997, Jill received the Georgia Sports Hall of Fame's Georgia Female High School Athlete of the Year Award and the *Atlanta Journal-Constitution*'s Miss High School Basketball - Georgia High School Player of the Year Award.

She was also named to the All-South All-American soccer team in 1997 and the all-state teams in soccer, cross-country and basketball in 1995-96.

And while many find it difficult to juggle athletic and classroom commitments, Jill also sported national academic honors in high school. As a member of National Honor Society and Cum Laude Society, the high school equivalent of Phi Beta Kappa with a 4.0

Jill Razor

grade point average, college scholarship offers were plentiful for Jill.

She chose a Division Two school, Rollins College in Winterpark, Fla., instead of a larger school. "I wanted to go where I could put academics first, because I knew my career goal was to be in medical school," she says.

At Rollins, she continued to excel in both fields, devoting 20 hours a week to practices and weight-training. She garnered two Scholar Athlete of the Year Awards, two academic awards, a single-game scoring record of 41 points and a career record of 2,039 points.

"In college, we had a lot of games on the road and I never asked to [reschedule] a test," says Jill. "I just studied in advance and learned to work around it all. I was on a full scholarship, so even though basketball was like a job, it was very rewarding. We had a great team and I had a lot of fun."

Through eight years of competitive basketball, "I never missed a game and only missed one practice with the flu," says Jill, who graduated from Rollins summa cum laude with a 3.85 grade point average.

She soon found that her discipline and time-management training paid off at MCG.

"When I first started medical school, and I didn't have sports, it seemed easier because I had a lot more time to study," she says.

The jock in her couldn't sit still, and by the second semester at MCG, Jill and two classmates trained for and completed the Lake Shore Marathon in Chicago. From tennis and racquetball with fiancé Bryan Wells (also a fourth-year medical student), to playing quarterback with her intramural powder-puff football team, exercise has been a mainstay of med-school stress relief for Jill.

And she's still keeping academics first; she was inducted into the Alpha of Georgia chapter of the Alpha Omega Alpha Medical Honor Society last fall and maintains a 4.0 grade point average.

"I think Jill will be a fantastic All-American doctor," says her faculty mentor, Dr. Dennis Marcus, professor of ophthalmology. "She's a very gifted individual. She works hard and gets the job done. She's very compassionate, disciplined and well-organized. (In an essay about choosing ophthalmology as a specialty), she described doing free throws every morning before classes. That concentration and discipline are the talents it takes to do microsurgery on an eyeball. Jill will excel in whatever she chooses to pursue in ophthalmology."

Ellen Gladden

Medical College of Georgia
NursingNEWS
Spring 2005

A Message from the Dean

As the nursing dean, I often travel across Georgia and the nation. One of the pleasures of representing our school is meeting School of Nursing alumni. This is a gratifying reminder to me about the star quality of our graduates.

One such shining star, Dr. Marion Broome, in February received the highest honor of the Southern Nursing Research Society, the Distinguished Researcher Award. Dr. Broome, dean of nursing at Indiana University, announced from the podium how her MCG experiences were fundamental to her rigorous research career.

Many of our alumni have leading nursing roles in health systems and public health venues, in all parts of the state, as well as the Armed Forces. We also count our blessings for the galaxy of leaders retired from practice but active in support of our school as the flagship nursing program in Georgia.

I invite you all to Homecoming in April, a beautiful time of year in Augusta. This year, we will pay special tribute to the graduates of the classes of 1951-71. These years mark the exemplary tenure of School of Nursing Founding Dean E. Louise Grant. Beginning her tenure as head of the nursing program at the University of Georgia, she laid the foundation for the distinguished careers of many of our graduates.

In her memory, we have embarked on a campaign to complete the E. Louise Grant Chair in the School of Nursing. Currently at 70 percent of the $500,000 needed to fully endow this chair, our goal is near completion. Essential to building our future excellence, support from our alumni and friends allows us to recruit a renowned professor with the spirit of vision and integrity that were Dr. Grant's hallmarks.

Please be part of illuminating the star quality of the MCG School of Nursing and accept my invitation to the Homecoming brunch and dinner/dance April 23. Come as a Dean E. Louise Grant alumnus or to represent other great eras in our history. I look forward to meeting many of you, our graduates, and to showcasing past and future School of Nursing achievements that make us all proud.

Ever forward,

Lucy N. Marion

Dr. Lucy Marion
Dean, School of Nursing

Dean Named to Task Force

Dr. Lucy N. Marion, dean of the Medical College of Georgia School of Nursing, has been named to the 15-member U.S. Preventive Services Task Force. She will serve through 2008.

The task force is an independent panel of experts in primary care and prevention that reviews and develops recommendations for clinical preventive services.

Dr. Marion joined MCG in 2004 after serving as professor and department head of public health, mental health and administrative nursing and associate dean for academic nursing practice at the University of Illinois at Chicago College of Nursing. She earned bachelor's and master's degrees in nursing from the University of South Carolina and a Ph.D. in nursing science from the University of Illinois at Chicago.

She has served on state and national advisory groups concerning mental health care, environmental risks to children and the practice doctorate for nurses. Her National Institutes of Health-funded research focuses on sexual risk reduction interventions for high-risk minority populations. In Chicago, she developed a nurse-managed system in partnership with Thresholds Psychosocial Rehabilitation Agency to deliver integrated primary and mental health care for people with severe and persistent mental illness.

At MCG, Dr. Marion is recruiting new faculty, working to expand the student body from 459 to around 600, enhancing and expanding the advanced-practice nursing majors to the level of a practice doctorate and moving toward an increased emphasis on post-baccalaureate education. The school is creating a new doctorate of nursing practice for graduates of both the traditional and new master's programs.

Program Assesses Needs of Children Raised by Grandparents

As the challenges of grandparent-led families are becoming clearer, a Medical College of Georgia School of Nursing program is expanding to address the mental-health needs of the children involved.

For six years, a Department of Human Resources Promoting Safe and Stable Families grant has enabled School of Nursing faculty and students to assist grandparents raising grandchildren in the Augusta area. Faculty and students in the school's Department of Health Environments and Systems, along with social worker Mike Patton, visit about 20 families a month, assess their needs, monitor their health and help match them with area resources for ongoing assistance.

The project recently expanded to address the mental-health needs of the children involved.

"It became apparent as we began working with these families that most of the children don't function at the expected level," said Judith S. Salzer, assistant professor of the Department of Health Environments and Systems and coordinator of the Healthy Grandparents Program. "Many have been abused or neglected. All have suffered losses. They've seen and done more than any child should. We felt their mental health needed extra attention."

Children raised by grandparents are at high risk for problems including attention deficit disorder, post-traumatic stress disorder, anxiety and depression, Ms. Salzer said. Many of them have drug-addicted parents, so they often have cognitive deficiencies resulting from prenatal drug abuse or neglect early in life, she noted.

Further exacerbating their situation, many live in poverty. For instance, one grandmother in the program is raising three grandsons. When they needed new clothes recently, she could afford only one pair of jeans, which the children alternate wearing.

Children faced with these hurdles often have behavior problems and fall behind in school, Ms. Salzer said.

"These problems became very noticeable as we interacted with these children and observed them in social situations," said Dr. Barbara S. Kiernan, assistant professor of advanced practice nursing.

Their grandparents are all too aware as well. "These grandparents figure out early on that the children don't behave like most children do. They know they need help," said Ms. Salzer.

To address the problem, the nurses are teaching nurse practitioner students to screen children for mental health problems, using several tools including questionnaires for children and their grandparents. Answers to questions will help signal problems such as anxiety, obsessive/compulsive disorder and other mental health disorders. Those at risk will be referred for professional help.

As the children are screened, the faculty and students will continue working with their grandparents on issues such as parenting techniques, home safety, nutrition and other factors effecting the families' environment, health and quality of life.

"The grandparents we work with really appreciate the fact that somebody cares," said Ms. Salzer. "We've learned to carefully introduce new concepts and to respect their expertise."

Many of the grandparents, she said, have poor health and other complicating factors, yet rise to the challenge of meeting their families' needs. "Most of them have extremely strong family ties," Ms. Salzer said. "They don't want their grandchildren being raised by strangers."

Christine Hurley Deriso

AN EXTENDED FAMILY ENJOYS A VACATION.

Research Bolsters Case for Simulation

Dr. Lori Schumacher

"Show, don't tell" is a time-tested axiom in education, and a member of the Medical College of Georgia faculty hopes to take it to a new level.

Dr. Lori Schumacher, assistant professor and interim chair of the MCG Department of Physiological and Technological Nursing, joined the faculty in 2000 and was immediately impressed by the school's human patient simulator.

The School of Nursing obtained the simulator several years ago, primarily to help students practice administering anesthesia. The computer-controlled simulator looks like an average-sized man and has lifelike anatomy. The mannequin simulates physiological processes such as blood pressure, heartbeat and respiration. Students can practice intubating, administering medications and otherwise manipulating the mannequin to observe and react to its lifelike responses. The mannequin also can be programmed to simulate different medical conditions, further enhancing its usefulness in teaching clinical skills in a safe, controlled environment.

"When I joined the faculty, I started working with the simulator, saw the value of it and incorporated it into my courses," said Dr. Schumacher.

As the nursing school increased its use of the simulator, including sharing it with other MCG schools, Dr. Schumacher wanted to pinpoint and quantify its effectiveness. "It's obviously an effective teaching tool; students respond very nicely to simulation and request more, more, more. But when I tried to explore exactly how it enhances the learning process, I couldn't find anything in the literature on the subject."

While teaching at MCG, Dr. Schumacher earned her doctorate in nursing from Duquesne University in Pittsburgh and used the simulator as a subject for her dissertation.

She divided junior MCG nursing students into three groups, then presented three learning activities to each group. The learning activities covered material the students had never been exposed to before, including diseases such as myocardial infarction and pulmonary embolism. One group learned about the diseases the conventional way, listening to Dr. Schumacher lecture in a classroom. The second group learned about the diseases using the simulator, with Dr. Schumacher inducing the disease processes and having the students observe the simulator's responses. The third used classroom instruction supplemented with the simulator.

"I chose diseases that are fairly dynamic on the simulator," Dr. Schumacher said.

After presenting the material to each group, Dr. Schumacher tested them in two areas: informational questions about the material and analytical questions that measured how well the students had critically grasped the concepts.

The students exposed to simulation only and classroom lectures supplemented with simulator instruction scored highest in both areas. "The simulation really enforced what they learned in the classroom because they were able to apply their new knowledge right away," Dr. Schumacher said.

Earlier this month, she discussed her findings at the fifth annual International Meeting on Medical Simulation in Miami, sponsored by the Society for Medical Simulation. As the sole nurse on the panel, she championed both classroom instruction and hands-on experience with simulators to teach nursing students. "Our time for training is so short, and simulation provides a safe, effective way to learn material," she said, adding that she hopes her research will prompt nursing schools to find new ways to incorporate simulation into the curriculum.

Christine Hurley Deriso

Speaker Emphasizes Cultural Sensitivity

Dr. May Wykle

Dr. May Wykle remembers that for every ache and pain she experienced as a child, her grandmother had a home remedy up her sleeve.

For instance, "I stepped on a nail once and she wrapped my foot in a fatty slab of bacon," said Dr. Wykle, dean and Florence Cellar Professor of the Frances Payne Bolton School of Nursing at Case Western Reserve University.

Dr. Wykle laughs that the unlikely treatment did the trick, but adds that her grandmother's good instincts and common sense were tempered by sad remnants of racial discrimination. For instance, she believed the rumors circulating in her African-American community that nurses carried vials of poison for hard-to-manage patients and that "night doctors" snatched people from the streets for medical experiments.

"A lot of older African-Americans don't trust the health care system," said Dr. Wykle, the keynote speaker March 18 at a research conference in Augusta sponsored by the Beta Omicron chapter of Sigma Theta Tau International in cooperation with the Medical College of Georgia Division of Continuing Education.

Dr. Wykle shared the anecdotes about her grandmother to emphasize the importance of communication, respect and cultural sensitivity when treating patients.

"You can't improve a patient's quality of life until you improve communication," said Dr. Wykle.

She recalled that when she began her nursing career, nurses weren't allowed to explain basic information to patients such as why they were prescribed a certain medication. "We were trained to tell them to ask the physician," Dr. Wykle said, prompting nods of recognition from many of the dozens of nurses in the audience. "But nurses are now on the front lines of ensuring good patient communication."

This is particularly important, she said, in light of a rapidly changing society. "We need to empower family caregivers," she said. "Older people want to be home, and we need to find ways to keep them home without placing excessive burdens on family members."

More than 150 nurses and nursing students from throughout the Southeast attended the conference, titled *Uniting Practice, Education and Research.*

Team Will Enhance Research Program

A husband-and-wife team have joined the Medical College of Georgia School of Nursing faculty to bolster the school's research program.

Dr. Sally P. Weinrich and Dr. Martin C. Weinrich joined MCG in January as professors in the Department of Nursing Science.

"The Weinrichs' extensive body of research in fields including epidemiology, prostate cancer and gerontology will greatly enrich our research initiatives," said MCG School of Nursing Dean Lucy N. Marion. "As we move forward with a greater emphasis on post-baccalaureate education, their expertise and highly productive partnership will strengthen our missions not only in research, but in education and service as well."

Dr. Sally P. Weinrich

Dr. Martin C. Weinrich

Dr. Sally P. Weinrich, who earned master's and doctoral degrees from the University of South Carolina, served as a professor at the University of Louisville School of Nursing before joining MCG. She has submitted a grant proposal to the National Cancer Institute to study prostate cancer screening in African-American men. Her focus on health disparities has included African-Americans, low-income persons and medically underserved populations.

Dr. Martin C. Weinrich, who earned a Ph.D. in statistics from the University of Michigan, was a professor of bioinformatics and biostatistics at the University of Louisville in Kentucky before joining MCG. He has participated in more than $8 million of National Institutes of Health-funded clinical, nursing and epidemiological research.

Laying Out the Welcome Mat

By Marie Collins

Visit my house and you'll see what appear to be the stirrings of a typical large family.

Neighborhood kids abound. Balls are kicked, tossed and batted in the yard. The refrigerator door is in constant motion. School projects are in various stages of completion. Toys are scattered around.

But the truth is that our family is anything but typical. A mere two years ago, the house was quiet, tidy and childless. My family consisted of my husband, Ronnie, and me. Ronnie is a police officer for the Richmond County Board of Education, and I chair the Medical College of Georgia Department of Dental Hygiene, so our careers kept us busy.

Or so we thought. Our perspective has changed a bit since then.

Two years ago, we were overjoyed to welcome our son, Miles, into the world. So now our family was complete ... right?

Not quite.

Last June, we added three nephews to our household. Quinn is 12, Tevin is 10 and Aaron is 9. My husband and I had been monitoring the children's situation for the last few years and we grew increasingly concerned that their mother needed much more help than we could provide from a distance. We all agreed that the boys should move in with us.

Enlarging our household from two to six virtually overnight has brought no small set of challenges. But the rewards are even more plentiful.

As we complete the stages of gaining permanent legal custody of the boys, we are proud and thrilled to watch them blossom before our eyes. Prior to moving in with us, their lives had been characterized by chaos and instability, so my husband and I concentrated on providing the most loving and structured environment possible. We are firm but fair, flexible but consistent. The boys are clear on our rules and standards, and they have risen to the occasion beautifully. We spend lots of time together as a family, work closely with the boys' teachers and help them cultivate friendships.

The transformation has been amazing. The boys are calm, cooperative, happy and healthy. Aarons's teacher said she can't believe he's the same student who first arrived in her classroom last August. Tevin's asthma symptoms have disappeared. Our house is the most popular hangout in the neighborhood, and our son basks in his cousins' attention.

Don't get me wrong: We have our share of problems and more than our share of hustle and bustle. But it's nothing we can't handle. We feel blessed to be "Aunt Ree" and "Uncle Ronnie" to three such strong and resilient boys and are privileged to help prepare them for manhood.

So no, our home isn't really typical. But it definitely is a home. Just ask the people who live here.

The Collins Family

Medical College of Georgia Today welcomes submissions to the Reflections column of the magazine. Typed essays (approx. 750 words long) reflecting a professional or personal experience of a member of the MCG community should be submitted to:
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Match Day 2005

Derek Williamson and fiancee Elizabeth Holt (left), Janna Huskey (center) and Nikkia Taylor and Kimberly Carter (right) were among the 165 MCG medical students who matched with a residency site of their choice during Match Day 2005, which fell on March 17, St. Patrick's Day, this year.

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